

ASL CLUB YEARLY CALENDER

ASL Club will be meeting every other Thursday from 2:45 – 3:45 pm, unless it falls on a vacation day. The dates are listed below for the full year. We will be working on developing some basic sign communication. This will allow you to communicate with our deaf student here at Station Camp Middle School.

September	1st, 15th, and 29th	(1st, Third and Fifth Thursday)
October	13th and 27th	(Second and Fourth Thursday)
November	10th and 17th	(Second and Third Thursday)
December	1st and 15th	(First and Third Thursday)
January	12th and 26th	(First and Fourth Thursday)
February	9th and 23rd	(Second and Fourth Thursday)
March	9th and 23rd	(Second and Fourth Thursday)
April	6th and 20th	(First and Third Thursday)
May	4th and 18th	(First and Third Thursday)

Please plan on attending every meeting as it is vital to getting the minimal sign skills to communicate with our deaf student. The first meeting will be a general information/planning meeting, review of signs you may know, ABC's, numbers, and to see what we want to do this year with our sign club.

Please keep this calendar somewhere you can remember the dates. We will also have announcements about ASL Club the week before we have it. Each student will be asked to pick a date to bring snacks and drinks for ASL Club. You will get a gentle reminder from me, when it is your turn to bring the snacks.

Thank you,

Karen Lechner

SCMS Interpreter

ASL CLUB GENERAL INFORMATION/PERMISSION SHEET

Parents,

Your child has shown an interest in joining the ASL Club at Station Camp Middle School. We will be meeting every other Thursday from 2:45 – 3:45 pm. You will find a calendar for the full year attached to this information sheet. We will need to get some general information about your child and some emergency numbers, since this is an after school event. This will also serve as one of two permission slips. Please make sure you sign in the appropriate area **(Please make sure your child is picked up on time, we must be out of here by 3:45 pm)**

Child's Name _____

Address _____

Phone Number _____

Parent/ Guardian's Name _____

Parent/Guardian's Addr _____

Emergency Number _____

Emergency # Name _____

Relationship to Child _____

Food Allergies _____

I, _____, give permission for my son/daughter,
_____, to be included in the ASL Club for Station
Camp Middle School.

Thank you,

Karen Lechner

SCMS Interpreter



What: Sign Language Club

Where: SCMS Library

When: Every other Thursday at 2:45 – 3:45

***You need to pick up an application from the office and it needs to be filled out and signed before the first meeting on September 1st.**