

Learn American Sign Language

DeafCAN! program at Christ the King Deaf Church
730 South New Street, West Chester, PA 19382
Classes taught by experienced Deaf instructors
All skill levels welcome!!

Free lighted parking lot and handicap accessible

<u>Class Level</u>	<u>Weekday</u>	<u>Dates of Classes</u>	<u>Time</u>	<u>Lower Level</u>
Beginner	Tuesdays	Sept. 21—Dec. 7, 2021	7—9 p.m.	Ralston Room
Intermediate	Tuesdays	Sept. 21—Nov. 9, 2021	7—9 p.m.	F-3
Advanced	Tuesdays	Sept. 21—Nov. 9, 2021	7--9 p.m.	Room 124

Cost: \$125 per 8-week class & \$200 per 12 weeks for beginners only. Additional family members are only \$75/120. Calvary and CTK members pay \$100/175. Class sessions are held weekly for 8 weeks (16 hours total).

Suggested Book (strongly encouraged): Vista *Signing Naturally* series with your accompanying DVD. These are available online at DawnSignPress.com (new) or used at Amazon.com, Half.com, Gettextbooks.com, and Harriscom.com. These are used for homework and study by some of our instructors. Used books MAY NOT have DVDs so please confirm before ordering.

Units to be studied:

- Beginner (Signing Naturally, Blue/green book, Units 1—4) **continues in winter and spring**
- Intermediate (Signing Naturally, Pink book, Units 13—14) **continues in winter and spring**
- Advanced (Signing Naturally, Yellow book, Units 18—19) **continues for 2.5 years**

The Fine Print

Please fill out the form below. Please **pre-register** by Sept. 15, 2021 to bethlockard@deafcanPA.org.
Refund Policy – Attend 1 class \$100. Attend 2 classes \$75. No refunds given after attending three or more classes. Additional family members are eligible for a discounted rate of \$75/120 person. If you are not sure of your skill level, please contact the church to meet with an instructor in advance. Class size requirement is ten or more.

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To register for class, please send registration form and payment by June 26, 2021
to DeafCAN! at church address Checks should be made out to “DeafCAN!” or pay online at

www.deafcanPA.org (use donation link; mention ASL class payment)

COVID-19 IMMUNIZATION PREFERRED...masks in class

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Email: _____

Level you are taking	Student cost	+ Additional Family members	= Total Cost
<input type="checkbox"/> Beginner (\$200)	= \$ _____	+ \$ _____	= \$ _____ 12 weeks
<input type="checkbox"/> Intermediate (\$125)	= \$ _____	+ \$ _____	= \$ _____ 8 weeks
<input type="checkbox"/> Advanced (\$125)	= \$ _____	+ \$ _____	= \$ _____ 8 weeks

QUESTIONS? Call: 484-319-4256 or Email: bethlockard@deafcanPA.org.