



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



Class Level	Weekday	Dates of Classes	Time	Lower Level
Beginner	Tuesdays	Jan. 20—March 10	7—9 p.m.	F-1
Intermediate	Tuesdays	Jan. 20—March 10	7—9 p.m.	Ralston Room
Advanced	Tuesdays	Jan. 20—March 10	7—9 p.m.	Room 124

Inclement weather may cause class rescheduling (check deafcanpa.org by 6 p.m.)

Cost: \$140 per 8-week session. Additional family members are only \$90. **Calvary and CTK members pay \$125.** Class sessions are held weekly for 8 weeks (16 hours total)

Suggested Book (strongly encouraged): Vista *Signing Naturally* series with the accompanying DVD or online video library access. These are available at DawnSignPress.com (new) or (used) at Abebooks.com, Amazon.com, Ebay.com, and Harriscom.com. These are used for homework and study by some of our instructors. New books will include online access code. Used books MAY not have the DVD.

Units to be studied:

Beginner (Signing Naturally, Turquoise/white book, Units 4 & 5, ISBN: 978-1-58121-210-5, 2008)

Intermediate (Signing Naturally, Pink book, Units 15 & 16; ISBN 0-915035-08-1)

Advanced (Signing Naturally, Yellow book, Unit 22 & 23; ISBN 1-58121-036-0)

The Fine Print

Please fill out the form below. Please **pre-register by January 15, 2026** to office@deafcanpa.org.

Refund Policy – Attend 1 class \$115. Attend 2 classes \$90. No refunds given after attending three or more classes.

If you are not sure of your skill level, please contact the office to meet with an instructor in advance.

Class size requirement is ten or more.

To register for class, please send registration form and payment by Jan. 15, 2026.

to DeafCAN! at church address above.

Checks should be made out to "DeafCAN!" or pay online at www.deafcanPA.org

(use donation link; mention ASL class payment)

QUESTIONS? Call: 484-284-3081 or Email: office@deafcanpa.org.

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Level you are taking Student cost + Additional Family members = Total Cost

Beginner (\$140) = \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks

Intermediate (\$140) = \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks

Advanced (\$140) = \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks