



# 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	April 1—May 20	7—9 p.m.	F-1
Intermediate	Tuesdays	April 1—May 20	7—9 p.m.	Ralston Room
Advanced	Tuesdays	April 1—June 3	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. 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, Turquoise/white book, Units 1—6, ISBN: 978-1-58121-210-5, 2008)

**Intermediate** (Signing Naturally, Pink book, Units 17; Cumulative Review; ISBN 0-915035-08-1)

**Advanced** (Signing Naturally, Yellow book, Units 19/20; ISBN 1-58121-036-0)

**The Fine Print**

Please fill out the form below. Please **pre-register by March 25, 2025** 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.

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**To register for class, please send registration form and payment by March 25, 2024** to DeafCAN! at church address Checks should be made out to “DeafCAN!” or pay online at [www.deafcanPA.org](http://www.deafcanPA.org) (use donation link; mention ASL class payment)

**COVID-19 IMMUNIZATIONS PREFERRED**

**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
<input type="checkbox"/> Beginner (\$140)	= \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks
<input type="checkbox"/> Intermediate (\$140)	= \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks
<input type="checkbox"/> Advanced (\$140)	= \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks