



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 | January 21—March 11 | 7—9 p.m. | F-1 |
| Intermediate | Tuesdays | January 21—March 11 | 7—9 p.m. | Ralston Room |
| Advanced | Tuesdays | January 21—March 11 | 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 15/16; ISBN 0-915035-08-1)

Advanced (Signing Naturally, Yellow book, Unit 18b/19; ISBN 1-58121-036-0)

The Fine Print

Please fill out the form below. Please **pre-register by January 6, 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.

To register for class, please send registration form and payment by January 14, 2024 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 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 |