



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. 20—Dec. 13, 2022	7—9 p.m.	F-3
Intermediate	Tuesdays	Oct. 4—Nov. 29, 2022	7—9 p.m.	Ralston Room
Advanced	Tuesdays	Oct. 4—Nov. 29, 2022	7--9 p.m.	Room 124

Election Day = no class

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). Fall beginner class (12 weeks) is \$200. Additional family members are \$150. **Church members pay \$185.**

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, Turquoise/white book, Units 1—6, ISBN: 978-1-58121-210-5, 2008)
- Intermediate** (Signing Naturally, Pink book, Units 13 & 14)
- Advanced** (Signing Naturally, Yellow book parts & conversational topics)

The Fine Print

Please fill out the form below. Please **pre-register** by Sept. 15, 2022 to bethlockard@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 church 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 September 15, 2022 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: 484-319-4256 or Email: bethlockard@deafcanPA.org.

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

Level you are taking	Student cost + Additional Family members = Total Cost
<input type="checkbox"/> Beginner (\$200)	= \$ _____ + \$ _____ (\$150) = \$ _____ 12 weeks
<input type="checkbox"/> Intermediate (\$140)	= \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks
<input type="checkbox"/> Advanced (\$140)	= \$ _____ + \$ _____ (\$90) = \$ _____ 8 weeks