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 Beginner Intermediate Advanced Inclement wea | Weekday Tuesdays Tuesdays Tuesdays Tuesdays | Dates of Cla Jan. 21—Marci Jan. 21—Marci Jan. 21—Marci chedule some c | n 10, 2020 n 10, 2020 n 10, 2020 | Time 79 p.m. 7—9 p.m 79 p.m. www.deafca | Lower Level Ralston Room Room F-3 Room F-1 nPA.org by 5 p.m. |
|--|---|---|--|---|--|
| <u>Cost:</u> \$125 per 8-week class. Additional family members are only \$75. Calvary and CTK members pay \$100. 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, Units 16. Please purchase newer book [2008 with DVD] not ebook. Contact instructor bobbicaley@deafcanPA.org before purchase, please) Intermediate (Signing Naturally, Pink book, Units 15 & 16) Advanced (Signing Naturally, Yellow book, Unit 19) | | | | | |
| The Fine Print Please fill out the form below. Please pre-register by January 7, 2020 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/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. | | | | | |
| To register for class, please send registration form and payment by January 7, 2020 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) Name: Address: | | | | | |
| City/State/Zip:Email: | | | | | |
| Telephone: Email: Level you are taking | | | | | |
| Level you are ta ☐ Beginner | | | | | |
| □ Intermediate | | - | S | = \$ = \$ | 8 weeks 8 weeks |
| □ Advanced | (\$125) = \$ | \$ + \$ | B | = \$ | 8 weeks |
| QUESTIONS? Call: 484-319-4256 or Email: bethlockard@deafcanPA.org. | | | | | |