



American Sign Language Classes

DEAF, Inc. empowers Deaf, DeafBlind, Hard of Hearing and Late-Deafened people to lead independent lives.

American Sign Language classes for all. Our program welcomes hearing individuals to interact with our community in a unique learning environment, classes for hearing, Deaf, DeafBlind, Hard of Hearing, and Late-Deafened individuals.

ASL, Level 1 Mon & Wed 6—8pm

Signing Naturally, Level I, Units 1-6

July 7-August 6, 2014

ASL, Level 2 Tues & Thurs 6—8pm

Signing Naturally, Level I, Units 7-12

July 8-August 7, 2014

ASL, Level 3 Mon & Wed 6—8pm

Signing Naturally, Level II, Units 13-17

July 7-August 6, 2014

ASL, Level 4 Tues & Thurs 6—8pm

Signing Naturally, Level III, Units 18-21

July 8-August 7, 2014

ASL, Level 5 Mon & Wed 6—8pm

Signing Naturally, Level III, Units 22-25

July 7-August 6, 2014

DEAF, Inc. ASL Program

215 Brighton Ave. Allston, MA 02134

TTY/V : 617-254-4041, Fax: 617-254-7091

Register at: www.deafinonline.org,

Go to "Services," then "ASL Education," then "Register for class," and fill out the form

For Payment, click on "Donate" button on Home Page to pay for class

Accepting registrations for Summer session now!

5-week classes begin July 7, 2014

Deadline to register: June 30th



Classes require a minimum enrollment of six (6) students

If a class is cancelled, you will be notified prior to start of class

Tuition \$200—refunds ONLY if class session is cancelled

*Textbooks are available for purchase at DEAF, Inc.—
contact Jennifer Glinos at your earliest convenience at:
jglinos@deafinonline.org for more information*

DEAF, Inc.
Adult Education Classes
Application Form

American Sign Language Classes for All (Hearing, Deaf, Deaf Blind, Hard of Hearing)

Course: Circle One

ASL I ASL II ASL III ASL IV ASL V
Finger Spelling 1 Finger Spelling 2

Name (print): _____

Address: _____

City/State/Zip Code: _____

E-Mail: _____

Phone Number: _____ **VP TTY Voice**

How did you hear about our ASL classes? _____

Do you get emails, letters or flyers from DEAF, Inc.? Yes No

If no, do you want us to send you letters and flyers? Yes No

What is your ethnicity: White, Black, Hispanic, Asian, Native American, Other _____

Circle One: Deaf DeafBlind Hard of Hearing Late-Deafened Hearing

Do you get support from MRC? Yes No

If yes, who is your Counselor? _____

To the best of my knowledge, the information I wrote on this form is true:

Student Signature

DEAF, Inc. Signature

Date

DEAF, Inc. only:

Tuition Due _____

Payment Date _____

Payment Amount _____

Payment Cleared _____

Receipt Sent _____