



Registration Form for American Sign Language Classes

Please Print Clearly

Name _____ Home Phone _____ Cell _____

Street _____ City _____ Zip _____

Email _____

SJP Health System Associate: Facility/Hospital _____ Dept Name _____

In the event a class is changed, how may we contact you during the day? _____

Please Select Which Class: Spring Session (10 classes) March – May 2014

at **St. John Hospital and Medical Center. DETROIT** Beginning I (Beginner's Level) ASL
WEDNESDAYS 5:30PM-7:30PM, starting on Monday, March 19, 2014

at **Providence Park Hospital. NOVI** Beginning I (Beginner's Level) ASL **THURSDAYS**
6:00PM-8:00PM starting on Thursday, March 20, 2014

at **Providence Park Hospital. NOVI** Advanced ASL **TUESDAYS**
6:00PM-8:00PM, starting on Tuesday, March 18, 2014

at **St. John Providence Hospital. SOUTHFIELD** Beginning I (Beginner's Level) ASL
MONDAYS 6:00PM-8:00PM, starting on Monday, March 3, 2014

Please complete the following:

- My payment of \$55 is enclosed. _____
- My payment of \$40 is enclosed. _____ (SJPHS Associates)
- My payment of \$35 for the textbook is enclosed. _____ (Textbooks can be picked up the first day of class)

It is recommended that you enroll with a friend for practice purposes.

Mail registration and payment a week before first day of class to: The Holley Institute
ATTN: Heather Johnson
22151 Moross Road
Prof. Bldg. 1, Suite 223
Detroit, MI 48236

Make checks payable to: **The Holley Institute**

Questions
Call: 313-343-4084
Email: Heather.Johnson@stjohn.org