

St. Mary's School for the Deaf
2253 Main Street ~ Buffalo, NY 14214 ~ (716) 834-7200 (V/TTY) www.smsdk12.org

EIGHT-WEEK SESSION EVENING SIGN LANGUAGE CLASSES

COST: - **\$65.00** class fee per registrant (*waived for SMSD parents / guardians / family of currently attending students)
- **\$28.00** (optional) text entitled "*Talking With Your Hands, Listening With Your Eyes*" by Gabriel Grayson, is recommended for any level of study, but is not required. **No refunds** on textbook purchases. **No refunds** on class fees unless a class is cancelled due to low enrollment.

TUESDAYS ~ APRIL 29, MAY 6, 13, 20, 27, JUNE 3, 10, 17, 2008

Intermediate Sign Language Class ~ Time: 5:30 pm.-6:45 pm. ~ Parent Center Room 233

Advanced Sign Language Class ~ Time: 7:00 pm.-8:15 pm. ~ Parent Center Room 233

WEDNESDAYS ~ APRIL 30, MAY 7, 14, 21, 28, JUNE 4, 11, 18, 2008

Beginner Sign Language Class ~ Time: 5:30 pm.-6:45 pm. ~ Parent Center Room 233

Intermediate Sign Language Class ~ Time: 7:00 pm.-8:15 pm. ~ Parent Center Room 233

THURSDAYS ~ MAY 1, 8, 15, 22, 29, JUNE 5, 12, 19, 2008

Beginner Sign Language Class ~ Time: 5:30 pm.-6:45 pm. ~ Parent Center Room 233

Keep this top portion of form for your information.

ST. MARY'S SCHOOL FOR THE DEAF ~ SIGN LANGUAGE CLASS PRE-REGISTRATION FORM

Check the class you wish to attend:

TUESDAYS ~ APRIL 29, MAY 6, 13, 20, 27, JUNE 3, 10, 17, 2008

[] **Intermediate Sign Language Class** ~ Time: 5:30 pm.-6:45 pm. ~ Parent Center Room 233

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THURSDAYS ~ MAY 1, 8, 15, 22, 29, JUNE 5, 12, 19, 2008

[] **Beginner Sign Language Class** ~ Time: 5:30 pm.-6:45 pm. ~ Parent Center Room 233

(Please print)

Name(s): _____

Address: _____

Phone/Email Contact: _____

It is important to include your daytime contact in case of notification of cancellation due to weather, etc.

*Name of your SMSD student if applicable: _____

Class fee per registrant: \$65.00 Book (optional): \$28.00 Class Fee & Book: \$93.00

No refunds on textbook purchases. **No refunds** on class fees unless a class is cancelled due to low enrollment.

1.) Check/Money Order payable to: ST. MARY'S SCHOOL FOR THE DEAF

2.) MasterCard Visa Total Credit Card Amount: \$ _____

Credit Card #: _____ Exp. Date: _____

CVV2 Code #: _____ Card Holder Signature: _____

(Last 3 digits on back of credit card)

Return this bottom portion of pre-registration form & payment to: **St. Mary's School for the Deaf,**
c/o Parent Education Office, 2253 Main Street, Buffalo, New York 14214