

**Indiana Association of the Deaf**  
**American Sign Language Program 2011 - 2012**  
 Coordinator: Wanda Kirby (KirWane06@aol.com)

**Class Location:**

Indiana School for the Deaf  
 1200 E. 42<sup>nd</sup> Street  
 Indianapolis, IN 46205

**Correspondence Address:**

Wanda Kirby, IAD, ASL  
 4603 Common View Circle  
 Indianapolis, IN 46220

**Class Schedule**

Registration is 6:00 p.m. the same evening as the first class. All classes are monday or tuesday (choose one) from 6:30 p.m. to 8:30 p.m. and continue for 10 weeks.

**Monday First Class      Last Class**

Sept. 12, 2011                      Nov. 12, 2011  
 Jan. 9, 2012                        Mar. 12, 2012  
 Apr. 9, 2012                        June 11, 2012  
 June 25, 2011                        Aug. 27, 2012

**Tuesday First Class      Last Class**

Sept. 13, 2011                      Nov. 13, 2011  
 Jan. 10, 2012                        Mar. 13, 2012  
 Apr. 10, 2012                        June 12, 2012  
 June 26, 2012                        Aug. 28, 2012

**Tuition**

Includes 20 hours of instruction  
 (two hours per week for 10 weeks)  
 \$100 tuition (per person age 12 and up)  
 \$75 one time material fee for **Signing Naturally Unit 1-6 Workbook**, beginner, intermediate and advanced classes.  
 We accept cash or check payable to IAD  
 Classes at your location can be arranged if you have a minimum of 8 adults attending.  
 ISD parents - who have deaf son or daughter attending Indiana School for the Deaf, are interested taking ASL class. There are some rules which Indiana Association of the Deaf suggests the parents to pay first day of class \$100. After 10th week if you attend eight out of ten classes will receive \$100 back. There is a limit of 4 parents, so it will be first comes first serve  
 Return check charge: \$20.00  
 Refund policy - - no refund

**Two Ways to Register**

(see [www.indianaassociationdeaf.org](http://www.indianaassociationdeaf.org) for form)

1. Email the following information to KirWane06@aol.com (IAD, ASL in subject line and bring payment to registration

OR

2. Mail the following information to above the correspondence address with your registration form and payment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Class preference: (check one)

	<b>Monday</b>		<b>Tuesday</b>
<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Beginner
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Intermediate
<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Advanced

Certificates of participation (20hrs.) will be issued if no more than 2 absences