

**EIGHT-WEEK SESSION EVENING SIGN LANGUAGE CLASSES**

**COST:** - **\$65.00** class fee per registrant (\*waived for SMSD parents / guardians / family of currently attending SMSD students)  
- **No refunds** on class fees unless a class is cancelled due to low enrollment.  
- Pre-Registration & Payment Due One Week Prior To Class Startup.

TUESDAYS ~ SEPTEMBER 30, OCTOBER 7, 14, 21, 28, NOVEMBER 4, 18, 25, 2008

Beginner Sign Language Class ~ Time: 5:30-6:45 pm. ~ Parent Center Rm 233  
Intermediate Sign Language Class ~ Time: 6:45-8:00 pm. ~ Parent Center Rm 233

Instructor:  
Barbara Meyer  
Barbara Meyer

THURSDAYS ~ OCTOBER 2, 9, 16, 23, 30, NOVEMBER 13, 20, DECEMBER 4, 2008

Beginner Sign Language Class ~ Time: 5:30-6:45 pm. ~ Switchboard Conference Room  
Advanced Sign Language Class ~ Time: 5:30-6:45 pm. ~ Parent Center Rm 233  
Sign Conversation Practice (for more advanced students) ~ Time: 7:00-8:00 pm. ~ Parent Center Rm 233

Barbara Meyer  
Carolyn Cross  
Barbara Meyer

**Keep this top portion of form for your information.**

ST. MARY'S SCHOOL FOR THE DEAF ~ EVENING SIGN LANGUAGE CLASSES  
**PRE-REGISTRATION FORM & PAYMENT DUE ONE WEEK PRIOR TO CLASS STARTUP.**

**Check** the class you wish to attend:

TUESDAYS ~ SEPTEMBER 30, OCTOBER 7, 14, 21, 28, NOVEMBER 4, 18, 25, 2008

[    ] Beginner Sign Language Class ~ Time: 5:30-6:45 pm. ~ Parent Center Rm 233  
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Barbara Meyer  
Carolyn Cross  
Barbara Meyer

*(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**

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 the pre-registration form & payment to:

**St. Mary's School for the Deaf, c/o Parent Education Office, 2253 Main Street, Buffalo, New York 14214**