

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

6-WEEK SPRING SESSION EVENING SIGN CLASSES FOR PARENTS & COMMUNITY

COST: - **\$50.00** class fee per registrant (*waived for parents/guardians/family of students currently attending St. Mary's School for the Deaf) **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 ~ MAY 5, 12, 19, 26, JUNE 2, 9, 2009

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 ~ MAY 7, 14, 21, 28, JUNE 11, 18, 2009

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

Barbara Meyer
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 ~ MAY 5, 12, 19, 26, JUNE 2, 9, 2009

[] 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 ~ MAY 7, 14, 21, 28, JUNE 11, 18, 2009

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

Barbara Meyer
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.

*If applicable, SMSD student name: _____

Relationship to student: _____

*(fee waived for **parents/guardians/family** of currently attending St. Mary's School for the Deaf students)*

Class fee per registrant: \$50.00

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