



Parks and Recreation Department
1100 chatham Av Norwalk, IA 515.981.9206



American Sign Language Class

PRE-REGISTRATION REQUIRED

(Register online @ www.norwalk.iowa.gov, Parks and Recreation office, drop box or by mail)

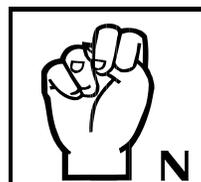
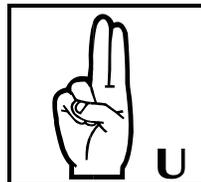
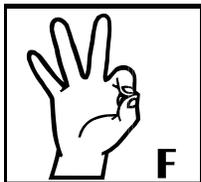
American Sign Language (ASL) is the dominant sign language of the Deaf Americans. ASL is a manual language or visual language, meaning that the information is expressed not with communication of sounds but with combinations of hand shapes, palm orientations, movements of the hands, arms and body, location in relation to the body, and facial expressions. With this beginning class you can learn foundation skills allowing you to communicate with people who cannot hear. Class will consist of Fingerspelling, Basic structure of ASL, Family/People, Number and Time signs, Foods, Basic use of Classifiers, and other topics as requested.

Dates

Registration Dates: Aug 31 to Sept 11
Program Days: Tuesday
Program Dates: Sept 15, 22, 29 Oct 6, 13, 20
Program Times: 7:00pm to 8:30pm

Information

Cost: \$15.00 residents (inside Norwalk city limits)
\$17.25 non-residents
Location: Norwalk Public Safety Building
Instructor: Ashlee Seibert
Min/Max: 5/10



TURN OVER TO FILL OUT REGISTRATION INFORMATION

Norwalk Parks and Recreation Registration Form

Individual Information:

Name: [First] [MI] [Last]

Address: []

City, State, Zip: [] [IA] []

Daytime Phone #: [] Type: []

Evening Phone #: [] Type: []

Cell Phone #: [] Preference: []

Email Address []

Contact Information: (If above is minor)

Mother [] Father []

M - Phone [Daytime] [Evening] [Cell]
F - Phone [Daytime] [Evening] [Cell]

Activity Information:

Program [American Sign Language] Registration Fee [\$15.00 - \$17.25] Late Fee []

Financial Assistance Donation:

This program is intended to open up participation opportunities for Norwalk area children by reducing financial obstacles for those who may not be participating because they cannot afford to pay the registration fees.
Would you like to contribute \$1.00 (or more) to this program? Yes _____ No Thank You
(if yes, please add your donation to the registration fee - and THANK YOU!)

Additional Comments/Medical conditions (if any):

[]

Liability Wavier:

I give permission for my child to participate in this program and agree not to hold the Parks and Recreation Department, their staff, or any volunteer helpers responsible for any accidents. I have READ and AGREE to the waiver:

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

PAID _____ CK# _____ CASH _____ By: _____
Credit Card _____ Number _____ Expires _____