



**KPSEF Virtual Winter Session Sign Language Classes
Registration Information and Form**



Dates: Tuesdays and Thursdays, Jan. 12 -Feb. 11, 2021

Time: 7:00-8:30 PM

Platform: Zoom

Cost:

\$70 checks or money orders only

Payable to **KPSEF**

Send registration and check to:

KPSEF

ATTN: Heather Osowski

PO Box 7425

West Trenton, NJ 08628

Deadline: December 30th, 2020 (envelopes must be postmarked by this date)

Late registrations: \$90 and must be **dropped off** at MKSD security at 320 Sullivan Way, West Trenton, NJ by **January 12th, 2021 at 3PM**



Registration Information:

Class sizes are limited to 10 participants for each class; classes will only be held with a minimum of 8 participants

Email address is required for registration

Email confirmation will be sent with additional information once registration is received

No refunds after January 14th, 2021; No cash accepted

Due to the limited class sizes, we cannot promise that you may change class mid-session

BEGINNER SERIES

BOOK REQUIREMENT:

How to Speak With Your Hands by Elaine Costello. Available at any bookstore or online.

BEGINNER ONE: For people with little or no knowledge of sign language; concentration on fingerspelling and vocabulary using English word order with some ASL features.

BEGINNER TWO: For those who have completed Beginner One or have had another sign language class; Course continues vocabulary development using English word order with some ASL features.

CONVERSATION SERIES

MATERIALS REQUIREMENT:

Master ASL Vocabulary DVD or online access: <http://store.signmedia.com/1711.html>

Online: <http://store.signmedia.com/1year-online-access-to-master-asl-video1.html>

CONVERSATION ONE OR TWO: For people who have taken at least two sign language courses and want to practice expressive and receptive skills. Some vocabulary and grammatical lessons will be included, but the emphasis is on becoming more fluent. Conversation Two is more non-voiced.

QUESTIONS? Contact Heather Osowski, Program Coordinator **EMAIL:**

heather.osowski@mkzd.org

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Name: _____

Address: _____

Phone(Day/Evening): _____

Email: _____

Course Choice: Beg. 1 _____ Beg. 2 _____ Conv. 1 _____ Conv. 2 _____

Please check appropriate box:

(*For Staff and Families of MKSD only): { } MKSD Staff { } Family- my child attends MKSD

