



We Improve Communication for Life

American Sign Language Class Registration Form

Name: _____ Date Submitted: _____

Home Address: _____
Street City State Zip Code

Primary Phone: _____ Other Phone: _____ E-mail: _____

Class Level: _____ Class Dates: _____

Classes are designed for adult students age 16 and older unless otherwise specified in the course description.

To register for a class, return completed form along with your payment for the total cost of the class (checks and money orders payable to the Columbus Speech & Hearing Center) to:

Columbus Speech & Hearing Center

Attention: ASL Coordinator
510 E North Broadway
Columbus, OH 43214

Please note: Your registration is not complete until payment is made. Additionally, **you must sign and return the attached Policy Statement or registration will not be complete.**

To be completed by CSHC Business Office staff:

Method of payment: _____ Amount: _____

Date of payment: _____ Registration Accepted by: _____
(Staff Initials)

Cut and Save

American Sign Language Classes Provided by
Columbus Speech & Hearing Center
Careers for People with Disabilities

Class Start Date: _____ Class Times: _____

Classes are held at Columbus Speech & Hearing Center, 510 E North Broadway in Columbus. Please contact the ASL Coordinator at (614) 263-5151.

American Sign Language Class

Policy Statement

1. Students must pre-register with the ASL Coordinator in order to join any ASL class. Registration may be completed online or by obtaining a hard copy and returning it to the receptionist along with payment.
2. Registration and payment must be made in full at least 2 business days prior to the first class.
3. Acceptance is granted to the first 15 students to register and provide payment for a class. A second section of the class may be offered to accommodate additional students depending on the number of students registered and teacher availability.
4. Each ASL 1 and 2 class must have a minimum of 7 students registered and paid 2 days prior to the first class or the class will be canceled and all money refunded. Each ASL 3 and 4 class must have a minimum of 5 students registered and paid 2 days prior to the first class or the class will be canceled and all money refunded.
5. Students may withdraw from class with a full refund up to 1 day before the class begins. Students who registered online are eligible for a full refund less the Network for Good processing fee. Students may withdraw from class with a partial refund of 75% after the first class. Students must contact the ASL Coordinator in writing via email or letter prior to the second night of class to request a refund. No refund will be granted after the second class regardless of whether the student attended the class. In the event that a student does not register for a new class within 6 months of the originally scheduled start date, he/she is ineligible to receive a refund and forfeits the payment to CSHC.
6. Students with a credit on their account must provide a receipt to use that credit for the registration of another ASL class.
7. Students whose class fees will be paid by work or school must have the appropriate paperwork completed and payment must be received at least 7 days prior to the first class.
8. Instructors are scheduled based on availability and experience and may vary from one class to another. Instructors may utilize a substitute during the 8-week class session. Being exposed to a variety of teachers better prepares students for real-life conversations with deaf individuals; therefore, students may not request a specific instructor.
9. Children ages 16 and older may join the class with the understanding that adult content may be discussed for which the Columbus Speech & Hearing Center is not responsible. Children under the age of 14 are not permitted to join or observe any ASL class without being accompanied by an adult unless otherwise specified in the class description.
10. Any student not present when certificates are awarded should email the ASL Coordinator with their name and address, as well as the class in which they participated (ASL I, II, III, IV) in order to receive their certificate by mail.
11. Any questions or comments regarding the ASL program should be submitted first to the ASL Coordinator. The student may also contact the Vice President, & Director of CPD should he/she request additional assistance to resolve an issue.

I agree to adhere to the aforementioned Policy Statement.

Student Name _____

Student Signature Date _____