



# AMERICAN SIGN LANGUAGE CLASS REGISTRATION FORM

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Class Level: \_\_\_\_\_ Class Dates: \_\_\_\_\_

Classes are for adult students ages 16\* and older unless otherwise specified in the course description.

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

### **Columbus Speech & Hearing**

Attention: ASL Coordinator, 510 E. North Broadway, Suite 400  
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 your registration will not be complete.**

*\*Anyone under the age of 16 must be registered with a paying adult.*

To be completed by CSH Business Office staff:

Method Of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_

Date Of Payment: \_\_\_\_\_ Registration Accepted By: (Staff Initials) \_\_\_\_\_

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Cut and Save

### **American Sign Language Classes**

Provided by Columbus Speech & Hearing

Class Start Date: \_\_\_\_\_ Class Times: \_\_\_\_\_

Unless otherwise noted, in-person classes are held at Columbus Speech & Hearing, 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 to join any ASL class. You may complete your registration online or by obtaining a hard copy and returning it to the receptionist along with your payment.
2. You must register and make your payment in full at least two business days prior to the first class.
3. CSH grants acceptance to the first 15 students to register and provide payment for a class. We may offer a second section of the class 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 eight students registered and paid two 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 six students registered and paid two 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 one day before the class begins. Students who registered online are eligible for a full refund minus the credit card fees. Students may withdraw from a 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. CSH will not grant a refund after the second class, regardless of whether the student attended the class. If a student does not register for a new class within six months of the originally scheduled start date, they are ineligible to receive a refund and forfeit the payment to CSH.
6. Students whose class fees will be paid by work or school must complete the appropriate paperwork, and CSH must receive payment at least seven days prior to the first class.
7. Instructors are scheduled based on availability and experience and may vary from one class to another. Instructors may utilize a substitute during the eight-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.
8. Children ages 16 and older may join the class with the understanding that adult content may be discussed for which Columbus Speech & Hearing is not responsible. Children under 16 are not permitted to join or observe any ASL class without being accompanied by an adult unless otherwise specified in the class description.
9. Any student not present when certificates are awarded should email the ASL coordinator their name and the class in which they participated (ASL I, II, III, IV) to receive their certificate by email.
10. Any questions or comments regarding the ASL program should be submitted to the ASL coordinator.

I agree to adhere to the aforementioned Policy Statement.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_