



American Sign Language

Instructor Kristie Ward

REGISTRATION FORM

Mail to: Sign Language Class 1568 Meriden Rd, Unit 5F, Wtby, 06705 or deliver in person

(Please Print)

Today's date:					
INFORMATION					
First and Last name(s):			Home:		
			Work:		
			Cell:		
Street address:			Email Address:		
City:		State:	Zip Code:		

IN CASE OF EMERGENCY FOR CHILDREN			
Name of emergency contact(s):	Relationship:	Home phone no.: ()	Work phone no.: ()
The above information is true to the best of my knowledge. I agree to pay the amount of the class, in full, prior to start of class.			
_____ <i>Signature</i>		_____ <i>Date</i>	

TO BE FILLED IN BY INSTRUCTOR				
Amount attending	# of classes	Rate	Total	Paid
				Cash Check #

Comments: _____