SIGN LANGUAGE CLASSES
For families and educators of Deaf and hard of hearing children and students.

2018 WINTER/SPRING SESSION

Santa Fe
NMSD Campus
Tuesdays: 6:00 – 8:00 pm

First class:
January 30, 2018
(check in at 5:30 pm for 1st class)

No class:
February 6 & April 3, 2018

Last class:
April 17, 2018

Albuquerque
CNM Campus
Thursdays: 6:00 – 8:00 pm

First class:
February 1, 2018
(check in at 5:30 pm for 1st class)

No class:
March 29, 2018

Last class:
April 12, 2018

CLASS LOCATIONS

Santa Fe
NMSD Campus
1060 Cerrillos Rd. Santa Fe, NM 87505
Located at the intersection of Cerrillos Road and St. Francis Drive
Follow signage as you enter main gate.

Albuquerque
CNM Workforce Training Center
5600 Eagle Rock Ave NE Albuquerque, NM 87113
Located at the intersection of Eagle Rock Ave NE and Pan American Fwy NE

! First come, first served !
Registration Closes: January 19, 2018
Class sessions run for 10 weeks – Once a week for two hours
Improve your sign skills to better communicate with the Deaf children and adults you live, work or interact with. The classes are interactive, allowing you to practice ASL with your classmates. The classes are both fun & challenging!
Meet others with the same desire for learning ASL.

Class Level Description
Level 1: This is the first part of our four-level program. No previous knowledge required.
Level 2: Some prior sign instruction or interaction with people who are deaf.
Level 3: Have basic conversational skills, seeking increased vocabulary and syntax.
Level 4: Strong conversational skills, seeking increased vocabulary and fluency.
Note: If you are unsure of your skill level, you can approach your teacher at the end of the first or second night of class to express your uncertainty. The teacher may also approach you to recommend a different class level.

Childcare Services
♦ In Santa Fe, childcare is available to families that have Deaf or hard of hearing children.
♦ Due to facility policy and restrictions in Albuquerque, childcare service is not available at this time.

Registration Information
♦ One registration per attendee required!
♦ Please complete all sections of registration form. (If a section does not apply, simply insert n/a)
♦ Include payment or PO details (if applicable).
♦ Mail forms and payments to the address posted below.
♦ Must receive registration in our office by stated deadlines (see registration form for dates).
♦ Registrations and/or payments are no longer accepted at the door.
♦ Registrations are processed within 2-3 days of receiving the registration forms.
♦ For families requesting childcare services, childcare release forms must be submitted prior to the first night of class.

Important — Registration Confirmation
♦ Registration is NOT complete until you receive an email confirmation (or phone call).
♦ You will receive a confirmation via email or phone call within 2 weeks after we have received your registration.
♦ Please check your email and/or voicemail prior to calling our office.

CECT Office 505-476-6400 — Please call if you need assistance with the following:
♦ If you do not have email or internet access to view or print a registration form, contact our office to request a hard copy.
♦ Special needs or arrangements, minor attending with a guardian, etc.
♦ Spanish translation in class.

Payments
♦ Payable to: NMSD Sign Class
♦ Checks, Money Orders or POs accepted for registration payments
♦ No cash payments
♦ No payments accepted at the door

Refunds
♦ Must be requested in writing — minimum of 7 days prior to the first day of class (via email or fax).

Mail forms and payments to:
New Mexico School for the Deaf
Attn: CECT/ASL Classes
1060 Cerrillos Road
Santa Fe, NM 87505
## Registration Deadlines

<table>
<thead>
<tr>
<th></th>
<th>Nov 27 - Dec 15</th>
<th>Dec 16 - Jan 8</th>
<th>Jan 9-19</th>
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<tbody>
<tr>
<td>Family members with Deaf or hard of hearing children</td>
<td>Free</td>
<td>$15.00</td>
<td>$25.00</td>
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<tr>
<td>Community Professionals / Individuals</td>
<td>$80.00</td>
<td>$90.00</td>
<td>$100.00</td>
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<tr>
<td>NMSD Staff or Contractors</td>
<td>Free</td>
<td>$15.00</td>
<td>$25.00</td>
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For rates listed above, must receive registration in our office by dates specified. Registration will close on Jan 19th at 5pm.

## Required

- A Deaf or hard of hearing child is in my family.
  - Child’s Name: ___________________ Age: _______ He/she is my __________________________ (relation)
- My Child Attends: __________________________ (school) __________________________ (district)
- My child receives NMSD Parent Advisor and/or Deaf Mentor Services
- I am currently an educator of a D/HH student
  - Location: __________________________ (school) __________________________ (district)
- Other: ______________________________________________________________________

NMSD  □ Employee  □ Contractor  Department: __________________________

### Class Location — Select one:

- Santa Fe
- Albuquerque

### Class Levels — Select one class level:

- Level 1
- Level 2
- Level 3
- Level 4

## Payments

- Payable to: NMSD Sign Class
- Checks, Money Orders or POs accepted.
- No cash payments.
- Must receive registration/payment in our office by deadline dates listed above.

## Refunds

- Must be requested in writing 7 days prior to the first day of class (email or fax).

## Questions/Fax

- CECT Office: 505-476-6400  Fax: 505-476-6371

## IMPORTANT:

- Please note deadline dates listed above.
- Registration and/or payments are not accepted at the door.
- Registration is NOT COMPLETE until you receive a confirmation from our office.
- If you do not receive an email or phone confirmation, please call the CECT office at 505-476-6400.

Mail forms and payments to: New Mexico School for the Deaf
Attn: CECT/ASL Classes
1060 Cerrillos Road
Santa Fe, NM 87505
**Child Care Release Form**

**Child Care:** Provided for children 18 months to 12 years old
- This service is free and only available for families who have D/HH children

Parent’s/Guardian’s Name: ____________________ Phone: ____________________
Cell Phone: ____________________ Pager: ____________________

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<table>
<thead>
<tr>
<th>Child Program – 18 mo. to 12 years (list below)</th>
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<tr>
<td><strong>NOTE:</strong> Related child care service for this program is free and <strong>only</strong> available for families with D/HH children.</td>
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<thead>
<tr>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
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<tbody>
<tr>
<td><strong>First and Last Name</strong></td>
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<td><strong>Communication</strong></td>
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<tr>
<td>Sign, Voice, Both, Other</td>
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<td>(select one – print at right)</td>
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<tr>
<td><strong>Age</strong></td>
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<td><strong>Deaf / Hard of Hearing/ Deaf-blind /Hearing</strong></td>
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<td>(select one – print at right)</td>
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<td><strong>Medical Information</strong></td>
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<td>(list allergies or n/a if none)</td>
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<td><strong>Medication and Dosage</strong></td>
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<td>(list meds or n/a if none)</td>
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<td><strong>Special Needs</strong></td>
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<td>(specify or n/a if none)</td>
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<td><strong>Other Important Information</strong></td>
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**RELEASE FORM PERTAINS TO ALL PROGRAM PARTICIPANTS**

**Medical Release**
- I understand that I am responsible for the medical needs for myself, children and family members listed on page one (including medication and/or medical equipment needed during our stay).
- I understand that in the event of a minor emergency, my child will receive simple first aid treatment and that I will be informed at the end of the program day. I will be responsible thereafter for the care of my child. In the case of a more serious injury or illness, appropriate outside emergency personnel will be called in, and I will be immediately informed of the emergency. The emergency personnel will decide the best course of action.
- I understand that I am responsible for administering all medications or any other medical treatment.

_______________________________  ______________________
Signature                           Date

**Release of all Claims**
I hereby release the Child Care program, its agents and employees, from all actions, damages, causes of action, claims, or demands which I, my child/children, family members, my spouse, heirs, executors, administrators, or assigns, may have against the Child Care program, its agents and employees, for all personal injuries known or unknown which my child/children, has or may incur by participating in the Child Care program. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

_______________________________  ______________________
Signature                           Date

**Photograph/Video Release**
I understand that photographs and/or videotapes may be taken during the course of the conference. These images will be used for training, publicity and/or fund-raising purposes for the conference only. My signature below indicates consent for myself, my child/children and family members to be photographed and/or videotaped.

_______________________________  ______________________
Signature                           Date

**Field Trip Release**
In the event that a field trip is scheduled, I give permission for my child(ren) to participate in off-campus field trips with the Children’s Program. All field trips will be within walking distance of NMSD and parents will receive communication regarding places and times of field trips on registration day.

_______________________________  ______________________
Signature                           Date