



New Mexico School for the Deaf Statewide Services



SIGN LANGUAGE CLASSES

For families and educators of Deaf / hard of hearing children and students

2019 FALL SESSION - RUNS FOR 10 WEEKS
First come ~ First served
Registration closes on September 6, 2019

**Santa Fe
NMSD Campus**

Tuesdays: 6:00 ~ 8:00 pm

First Class
September 24, 2019
(Check-In at 5:30 pm for 1st class)

NO CLASS
October 8, 2019
November 26, 2019

Last Class
December 10, 2019

**Albuquerque
CNM Campus**

Thursdays: 6:00 ~ 8:00 pm

First Class
September 26, 2019
(Check-In at 5:30 pm for 1st class)

NO CLASS
October 10, 2019
November 28, 2019

Last Class
December 12, 2019

- ✓ Improve your sign skills!
- ✓ Interactive classes!
- ✓ Fun and challenging!

CLASS LOCATIONS

**Santa Fe
NMSD Campus**
1060 Cerrillos Rd ❖ Santa Fe, NM 87505
Located at the intersection of Cerrillos Rd. and
St. Francis Drive

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

Class Level Descriptions

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.

Registration Information

- ❖ For online registration go to: <https://cect.nmsd.k12.nm.us/nmsdsite2/ASLClass>
- ❖ One registration per attendee is required!
- ❖ Complete all sections of registration form (if a section does not apply, insert n/a).
- ❖ If not using the online registration, mail check or money order to the address below.
- ❖ We **MUST** receive registrations in our SF office by deadlines (see registration form for dates).
- ❖ Registration and /or payments are **not** accepted at the door.
- ❖ Children's program release forms and information **MUST** be submitted 7 days **prior** to the first night of class (Santa Fe location only)

Registration Confirmation

- ❖ Shortly after you submit your registration, you will receive an email verification that we have received it. If you do not receive a verification within a week after submission, please email our office at CECTevents@nmsd.k12.nm.us or call 505.476.6400.
- ❖ A week before classes begin you will receive a reminder that will include important class check-in and class information.
- ❖ Please check your email (and SPAM) and/or voicemail prior to calling with questions. Email confirmations will be from CECTevents@nmsd.k12.nm.us.

Children's Program is only available at the Santa Fe location and ONLY for families who have a Deaf or hard of hearing child in their family.

CECT Office 505.476.6400 - Please call if you need assistance with the following:

- ❖ If you do not have email or internet access to obtain a registration form. Request a hard copy.
- ❖ If you have special needs or arrangements, minor attending with a guardian, missing the first night of class, etc.

Payments

- ❖ Payable to NMSD/CECT-ASL Class
- ❖ Checks, Money Order or PO's accepted
- ❖ No cash payments
- ❖ No payments accepted at the door

Refunds

- ❖ Must be requested in writing 7 days prior to the first day of class: Email-CECTevents@nmsd.k12.nm.us or fax to: 505.476.6371

Mail forms and payments to:

New Mexico School for the Deaf
ATTN: NMSD/CECT – ASL Class
1060 Cerrillos Road
Santa Fe, NM 87505

ASL CLASSES ~ 2019 Fall Session

* **SUBMIT ONE FORM PER ATTENDEE** *

Registration Deadlines →

	Aug 1 - Aug 16	Aug 17 - Aug 30	Aug 31 - Sept
Family member w/Deaf or HH children (Infant to high school age)	No Charge	\$15.00	\$25.00
Community Members / Education Professionals	\$80.00	\$90.00	\$100.00
NMSD Staff or NMSD Contracted Staff	No Charge	\$15.00	\$25.00

For rates listed above, we MUST receive registrations in our office by dates specified. Registration closes Sept. 6th at 5 pm

Name _____ Age _____ (if under 18) Spanish Interp.? ___ Y ___ N
 Address _____ City _____ State _____ Zip _____
 Phone Number/s _____ Email Address _____

REQUIRED - PLEASE COMPLETE ALL SECTIONS BELOW THAT APPLY TO YOU

- I have a Deaf/Hard of hearing child in my family (infant to high school age) Relationship _____
 Child's Name/s _____ Age/s _____
 Child attends School at _____ District _____
- Child receives NMSD Parent Advisor and/or Deaf Mentor Services
- I am currently an Educator of a Deaf/HH student
 School _____ District _____ Location _____
- Other _____
- NMSD Staff NMSD Contracted Staff
 NMSD Department you work in _____

REQUIRED - PLEASE SELECT A CLASS LOCATION (Choose one)

_____ Santa Fe _____ Albuquerque

REQUIRED - PLEASE SELECT A CLASS LEVEL (Choose one)

_____ Level 1 _____ Level 2 _____ Level 3 _____ Level 4

FORM OF PAYMENT (Check here if payment is not required _____)

Payment amount \$ _____ Check/Money Order # _____ Payment Enclosed _____

COMPLETE BELOW IF PAYING WITH PURCHASE ORDER

PO# _____ PO Total \$ _____ Contact for PO _____ Contact Phone _____

Payments

- * Payable to NMSD/CECT - ASL Class.
- * No cash payments accepted.
- * We MUST receive registration/payments in our office by the deadline date listed above.

Refunds

- * MUST be requested in writing and received in our office 7 days prior to the first day of class

Questions: CECTevents @nmsd.k12.nm.us
 FAX: 505.476.6371 or Voice: 505.476.6400

IMPORTANT

- * Registrations and/or payments are NOT accepted at the door.
- * Registration is NOT COMPLETE until you receive a confirmation from our office.
- * If you did not receive an email from CECTevents or phone confirmation within 1 week of the event please call the CECT office at 505.476.6400.

Mail forms & payments to: NMSD/CECT - ASL Classes
 1060 Cerrillos Road
 Santa Fe, NM 87505

Release Form Pertaining to ALL Adult Program Participants

- ❖ Every adult participants MUST check the Medical Release
- ❖ Every adult participants MUST check the Release of all Claims
- ❖ The Photo/Video box is optional (only check if you agree)

One Form Per Participant

Medical Release

- I understand that I am responsible for the medical needs for myself, including medication and/or medical equipment needed during my stay.
- I understand that in the event of a minor emergency for myself, I will receive simple first aid treatment. I will be responsible thereafter for the care of myself. In the case of a more serious injury or illness, appropriate outside emergency personnel will be called. 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 for myself.

Release of all Claims

- I hereby release NMSD/CECT Program, its agents and employees, from all actions, damages, causes of action, claims or demands which I may have against the NMSD/CECT Program, its agents and employees, for all personal injuries known or unknown which I may incur by participating in the NMSD/CECT Event. I, the undersigned have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Photograph/Video Release (optional-check only if you agree)

- I understand that photographs and/or video may be taken during the course of the event. These images will be used for training, publicity and/or fundraising purposes for NMSD. My signature below indicates consent for myself to be photographed and/or videotaped.

NAME (PLEASE PRINT CLEARLY)

SIGNATURE

DATE

ASL CLASSES -- SEPTEMBER 24, 2019 ~ DECEMBER 10, 2019
Santa Fe Location Only

Child/Youth Program Release Form

Child/Youth Program: Provided for children 18 months to 17 years old. There is no cost for this program and only available for children/youth related to a Deaf or Hard of Hearing child.

Parent's/Guardian's Name(Please Print): _____
 Cell Phone: _____ Phone: _____ E-Mail: _____

*** Please read and sign the Child/Youth Program Release Form on back of this page**

Child/Youth Program Ages – 18 mo. to 17 years (list below)				
NOTE: There is no cost for the Child/Youth Program and is <u>ONLY</u> available for children/youth related to a Deaf or Hard of Hearing child.				
	Child/Youth 1	Child/Youth 2	Child/Youth 3	Child/Youth 4
First <u>and</u> Last Name (please print clearly)				
Communication Sign, Voice, Both, Other (select only one)				
Age				
Deaf / Hard of Hearing/ Deaf-blind /Hearing (select only one)				
Medical Information (list allergies or N/A if none) please print clearly				
Medication and Dosage (list meds or N/A if none) please print clearly				
Special Needs (specify or N/A if none) please print clearly				
Other Important Information (please print clearly)				

RELEASE FORM PERTAINS TO CHILDREN ATTENDING CECT EVENT CHILD/YOUTH PROGRAM

Parent or Guardian signing this form must have authorization to make decisions on behalf of children/youth listed on page 1 of this Child/Youth Program Release Form. (If you are not the legal guardian, please contact our office to obtain the Guardian Release Form) which must be submitted with your registration. All information below pertains to all children/youth listed on page 1 of this Youth Program Release Form. Thank you.

<input type="checkbox"/> Medical Release <ul style="list-style-type: none">• I (Parent/Guardian) understand that I am responsible for the medical needs for my children including medication and/or medical equipment needed during our time at NMSD. I am also responsible for the administering all medications or any other medical treatment.• I understand that in the event of a minor emergency my children will receive simple first aid treatment. I will be informed at the end of the day of what care my children received. I will be responsible thereafter for the care of my children. In the case of a more serious injury or illness, 911 will be called. I will immediately be informed of the emergency. The 911 responders will decide the best course of action.
<input type="checkbox"/> Release of all Claims <ul style="list-style-type: none">• I (Parent/Guardian) hereby release the Child/Youth Program, its agents and employees from all actions, damages, causes of action, claims or demands which my children, family members, spouse, heirs, executors, administrators or assigns may have against the Child/Youth Program, its agents, and employees for all personal injuries known or unknown which my children may incur by participating in the Child/Youth Program. I, the undersigned, have read this release and understand all terms. I execute it voluntarily and with full knowledge of its significance.
<input type="checkbox"/> Photo/Video Release (Optional - only check if you agree) <ul style="list-style-type: none">• I (Parent/Guardian) understand that photos and/or videos may be taken during the course of the event. These images will be used for training, publicity and/or fundraising purposes for NMSD. My signature below indicates consent for my children to be photographed and/or videotaped.
<input type="checkbox"/> Field Trip Release (Optional - only check if you agree) (Not applicable for ASL Classes) <ul style="list-style-type: none">• I (Parent/Guardian) give permission for my children to participate in off-campus field trips with the CECT Child/Youth Program. All field trips will be within walking distance of NMSD and parents will receive communication regarding places and times of field trips in advance.

NAME (PLEASE PRINT CLEARLY)

SIGNATURE

DATE