

ABOUT OUR CLASSES

Communicative Health Care Associates is pleased to offer a range of American Sign Language (ASL) classes for adults and children who want to learn this important and interesting language.

Classes are conducted in ASL and taught by hearing and deaf instructors.

LEVELS AVAILABLE

Beginners 1, 2, 3

Intermediate 1, 2, 3

Advanced

Selected classes offered each semester.

Private lessons (all levels) also available. Contact us for more information on home or on-site services.

SUMMER 2014 SCHEDULE

7-Week Program

Beginners I

Monday evenings, 6:00pm - 7:30pm

July 7, 2014 to August 18, 2014

Note: our class schedule does not follow the Waltham public school system.

COURSE FEE \$225 per person

Based on a class size of 5 or more.

Full payment is required before the first class. To ensure continuity of our courses, there are no refunds after the first week of class.

COURSE NOTES

CLASS SIZE

Classes are limited to a maximum of 12 students to allow for personal attention.

All classes are subject to student enrollment.

CONVENIENT LOCATION

Classes are held at our office which is easily accessible by Route 128 or the MBTA bus #70.

Driving Directions

From Route 128, take exit 26E to the intersection of Main Street. We are located at the corner of Main Street and Prospect Hill Ave. Enter through the door on Prospect Hill Ave.

WEATHER CANCELLATIONS

If there is inclement weather on the day of class, a decision will be made by 4 p.m. if class will be cancelled. Our office will call or leave a voice message for students, but it is the student's responsibility to call the office if there are any questions.

For More Information

Please contact us at:

Communicative Health Care Associates
Allied Rehabilitation Associates
977 Main Street
Waltham, MA 02451

Tel: 781-899-4709 Fax: 781-899-4788

info@CommunicativeHealthCare.com

www.CommunicativeHealthCare.com

We welcome your inquiries.



REGISTRATION FORM

Pre-registration is required.

Name _____

Address _____

Work Tel. (____) _____

Home/Cell Tel. (____) _____

Email _____

How did you hear about this class?

(If online, which site?)

CLASS	DAY & TIME	Select
Beginners I	Mondays 6:00-7:30pm	

This is your contract with Communicative Health Care Associates, Inc. for ASL classes. \$225/person course fee.

Refer a friend and receive a \$10 discount when you both sign-up for a class during the same semester.

Friend's Name _____

Your Signature _____

Amount Enclosed _____

Cash ___ Check# ___

Please remit payment prior to class to:

Communicative Health Care Associates
Attention: Peg Iarossi
977 Main Street, Waltham, MA 02451

(Office use: Received by _____ Date _____)

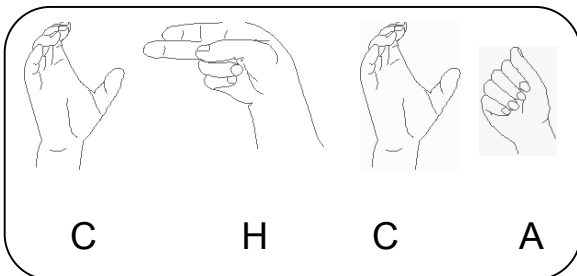
ABOUT US

Communicative Health Care Associates

(CHCA) is an independently owned private practice providing multi-disciplinary diagnostic evaluations and therapy for children, adolescents, adults, and seniors.

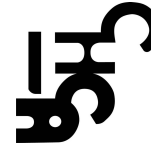
We provide services to private and public schools, Head Start, Early Intervention, health care facilities, assisted and independent living, businesses, and individuals.

For over 38 years, we have been helping individuals improve their lives through better communication, and greater mobility through our Allied Rehabilitation Associates division.



www.CommunicativeHealthCare.com

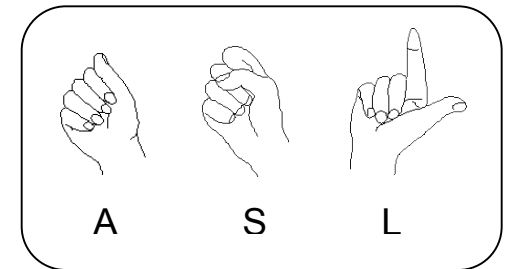
**SIGN UP WITH A FRIEND.
SAVE \$10.**



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American Sign Language (ASL)



Learn • Connect • Have Fun

**SIGN UP WITH
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