



**Registration Form for American Sign Language Classes**  
**PRE-REGISTRATION IS REQUIRED**

**Please Print Clearly**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**SJP Health System Associate:** Facility/Hospital \_\_\_\_\_ Dept Name \_\_\_\_\_

In the event a class is changed, how may we contact you during the day? \_\_\_\_\_

**Please Select Which Class: Winter Session (10 classes) January 2012 – March 2012**

at St. John Hospital & Medical Center. DETROIT Intermediate 2 ASL **MONDAYS** 6:00PM-8:00PM

at St. John Hospital & Medical Center. DETROIT Intermediate 1 ASL **TUESDAYS** 6:00PM-8:00PM

at St. John Hospital & Medical Center. DETROIT Beginning ASL **WEDNESDAYS** 6:00PM-8:00PM

at St. John Macomb Hospital. WARREN Beginning ASL **TUESDAYS** 6:00PM-8:00PM

at Providence Park Hospital. NOVI Beginning ASL **TUESDAYS** 6:00PM-8:00PM

at Providence Park Hospital. NOVI Intermediate 1 ASL **WEDNESDAYS** 6:00PM-8:00PM

at Providence Park Hospital. NOVI Beginning ASL **THURSDAYS** 6:00PM-8:00PM

**Please complete the following:**

- My payment of \$55 is enclosed. \_\_\_\_\_
- My payment of \$40 is enclosed. \_\_\_\_\_ (SJPHS Associates)
- My payment of \$35 for the textbook is enclosed. \_\_\_\_\_ (Textbooks can be picked up the first day of class)

***It is recommended that you enroll with a friend for practice purposes.***

Mail registration and payment before January 6, 2012 to:

The Holley Institute  
ATTN: Kathryn Kinville  
22151 Moross Road  
Prof. Bldg. 1, Suite 223  
Detroit, MI 48236

Make checks payable to: **The Holley Institute**

**Questions call: 313-343-4084**