



American Sign Language

TEACHING SERVICES

Now 2 Locations

FALL 2018

LOCATION 1: ACADEMY OF LEARNING COLLEGE - 77 REDWOOD AVE						
SATURDAYS						
						↓ 12 STUDENTS
No:	Course	Time	Hours	Date Start	Date End	Cost
1	A.S.L. 101	9:00 A.M. - 1:00 P.M.	40	SEPT 15	NOV 24	\$310.00
2	A.S.L. 102	9:00 A.M. - 1:00 P.M.	40	SEPT 15	NOV 24	\$335.00

LOCATION 2: DEAF CENTRE MANITOBA - 285 PEMBINA HIGHWAY						
SATURDAYS						
						↓ 12 STUDENTS
No:	Course	Time	Hours	Date Start	Date End	Cost
3	A.S.L. 101	9:30 A.M. - 1:30 P.M.	40	SEPT 15	NOV 24	\$310.00
4	A.S.L. 102	9:30 A.M. - 1:30 P.M.	40	SEPT 15	NOV 24	\$335.00
5	A.S.L. 103	9:30 A.M. - 1:30 P.M.	40	SEPT 15	NOV 24	\$335.00
6	A.S.L. 201	9:30 A.M. - 1:30 P.M.	40	SEPT 15	NOV 24	\$335.00
7	A.S.L. 202	9:30 A.M. - 1:30 P.M.	40	SEPT 15	NOV 24	\$335.00

MONDAYS & WEDNESDAYS						
No:	Course	Time	Hours	Date Start	Date End	Cost
8	A.S.L. 101	7:30 P.M. - 9:30 P.M.	40	SEPT 17	NOV 26	\$310.00
9	A.S.L. 103	7:30 P.M. - 9:30 P.M.	40	SEPT 17	NOV 26	\$335.00
10	A.S.L. 201	5:30 P.M. - 7:30 P.M.	40	SEPT 17	NOV 26	\$335.00

TUESDAYS						
No:	Course	Time	Hours	Date Start	Date End	Cost
11	A.S.L. 101	9:30 A.M. - 1:30 P.M.	40	SEPT 18	NOV 20	\$310.00
12	A.S.L. 102	9:30 A.M. - 1:30 P.M.	40	SEPT 18	NOV 20	\$335.00

TUESDAYS & THURSDAYS						
	Course	Time	Hours	Date Start	Date End	Cost
13	A.S.L. 101	5:30 P.M. - 7:30 P.M.	40	SEPT 18	NOV 22	\$310.00
14	A.S.L. 102	7:30 P.M. - 9:30 P.M.	40	SEPT 18	NOV 22	\$335.00
15	A.S.L. 103	5:30 P.M. - 7:30 P.M.	40	SEPT 18	NOV 22	\$335.00
16	A.S.L. 201	5:30 P.M. - 7:30 P.M.	40	SEPT 18	NOV 22	\$335.00

NO CLASS ON OCTOBER 6 & 8 and \$16.75 GST is included

IF YOU HAVE QUESTIONS, PLEASE CONTACT CATHY BRAUNLICH

E-MAIL: aslteach@mts.net

FAX: (204) 475-7657

TO LEAVE A VOICE MAIL OR TEXT: 204-998-7556

REGISTER ON-LINE - www.aslts.ca

PLEASE FORWARD CHEQUE OR MONEY ORDER TO ASL TEACHING SERVICES

\$25.00 FEE EITHER ANY RETURNED CHEQUE OR AFTER YOUR SECOND CLASS

For ASL 102 & up, Please bring your certificate or transcript on the first day of the class.

Registration Form (PLEASE PRINT CLEARLY)

NAME:		
ADDRESS:		
TOWN/CITY	PROV:	PC:
PHONE (Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>):		
E-MAIL:		
COURSE NO:		

ONLY OFFICE:			
CHQ:	M.O. #	CASH \$	DATE:
COURSE NO:			



