



Center for Living & Working, Inc.  
Deaf and Hard of Hearing Independent Living Services  
Videophone: 508-762-1164 TTY: 508-755-1003 Fax: 508-797-4015

### SPRING 2021 ASL CLASS REGISTRATION FORM

Name (print): \_\_\_\_\_ Phone #: \_\_\_\_\_ VP Voice TTY

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Registering for: Level 1    Level 2    ASL Chat    Paying by: Check    Money Order    Cash App

Are you taking an ASL Class AND ASL Chat (and paying \$300)?    Yes    No

Are you a Return Student?    Yes    No    If yes, previous ASL Class Level taken: ASL 1    ASL 2

Did you refer a friend? If yes, who? \_\_\_\_\_

Did you register 3 staff/students from the same agency/organization/school?

If yes, who? \_\_\_\_\_

How did you hear about our ASL classes? \_\_\_\_\_ Other: \_\_\_\_\_

Do you receive fliers from CLW?    Yes    No    If no, would you like to?    Yes    No

Are you Deaf, Hard of Hearing, DeafBlind, or Late-Deafened?    Yes    No

If yes, please select one:    Deaf    Hard of Hearing

**FULL PAYMENT (check, money order, or Cash App) MUST BE received by CLW BEFORE the first class.**

**Checks/Money Orders MUST BE PAYABLE TO: CLW**

**Mail your registration AND check/money order to:**

**Joan Philip, DHILS Program Director – ASL Class**

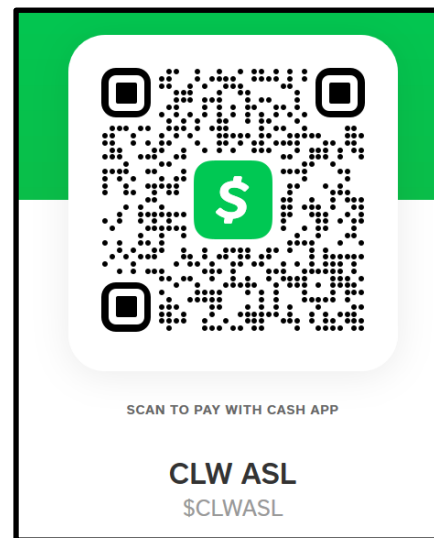
CLW, 484 Main Street, Suite 345, Worcester, MA 01608

**EMAIL your registration to: Denise at [dparo@centerlw.org](mailto:dparo@centerlw.org)**



[https://cash.app/\\$CLWASL](https://cash.app/$CLWASL)

**DISPLAY NAME: CLW ASL    \$CASHTAG: \$CLWASL**



CLW ONLY:	PAYMENT	Date:	Receipt sent:
		Amount:	Comments:
		Type:	
		Cleared:	