

American Sign Language

Winter 2012 Term (Jan. 7, 2012 – Mar. 24, 2012)

Program Application Form

N.B. Please fill out ALL required information*.

Incomplete forms or invalid information will not be accepted for application.

Check only one course you prefer and mail the entire form to:
DC 37 Education Fund, Room 814, 125 Barclay Street, New York, NY 10007-2179.

*Date (mm/dd/yyyy) _____

*Social Security or Personal ID #** _____

*Last Name _____ *First Name _____

*Home Address _____ Apt. # _____

*City _____ *State _____ *Zip _____

*Work Phone _____ *Home Phone _____

Mobile/Cell Phone _____

*Work Schedule _____ *Work Location _____

*Job Title _____ *Agency _____

*Local _____ E-mail Address _____

* Select A Class Location:

Manhattan

Union Headquarters,

- Thurs. 5:30pm – 8:30pm (ASL I)
- Thurs. 5:30pm – 8:30pm (ASL II)
- Thurs. 5:30pm – 8:30pm (ASL III)

Brooklyn

Kings County Hospital,

- Mon. 5:30pm – 8:30pm (ASL I)
- Mon. 5:30pm – 8:30pm (ASL II)
- Wed. 5:30pm – 8:30pm (ASL I)

Bronx

P.S. 18,

- Wed. 5:30pm – 8:30pm (ASL I)

** Your ID # is located on your prescription drug card and your DC 37 membership card.