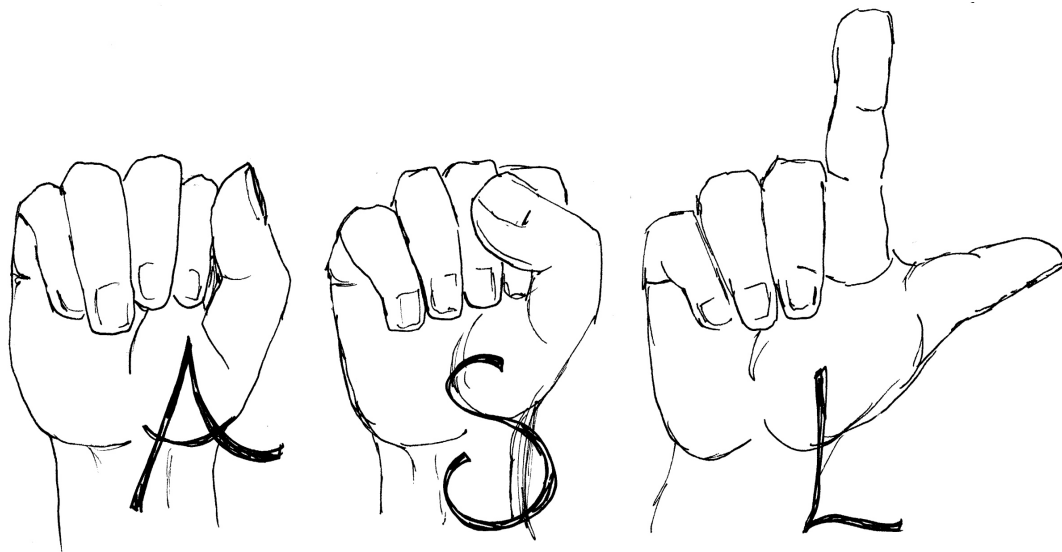


**Do you want to learn a new language?**

**Are you interested in breaking down  
barriers of communication with the  
deaf and hard of hearing community?**



**Join the American Sign Language Club**

**Mondays 2-3:30pm**

**Mr. Esposito's Room (203)**



**American Sign Language Club**  
**Registration Form**  
**Mondays, 2:00-3:30pm**



**To sign up please complete this form and one-time registration fee of \$15 and return both to Ms. Allmond in the main office ASAP**

Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_ Age: \_\_\_\_\_

T-Shirt Size – AS AM AL AXL A2XL A3XL

Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

.....  
Emergency Contact #1: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact#2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**By signing below, I understand the program that I am registering my child for. I agree to pay the one-time registration fee of \$15 for the program. I give permission for my child to travel to and from any scheduled events by a bus/van driven by an NFCS staff member OR by public transportation (SEPTA) while being chaperoned by a NFCS staff member. I also understand that it is my child’s responsibility to arrange for transportation at the end of the program home from New Foundations Charter School.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*New Foundations Charter School,  
4850 Rhawn Street  
Philadelphia, PA 19136  
215-624-8100 x 2226 CARES@nfcs.k12.pa.us*