**Date of First Class** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/2018

**Student ID Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please leave this space blank)*

**Preferred Class (Choose only ONE)**

🞎 Londonderry EPL Monday 6:30 – 8:30 PM

🞎 Londonderry EPL Tuesdays 10:30 AM – 12:30 PM

🞎 Clareview EPL: Thursdays 10 AM – Noon

🞎 All are okay.

Dickinsfield Amity House

**English Language Learning (ELL)**

**2018 Registration Form**

***Be sure to mark which class you prefer!***

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *(Apartment Number) (House Number) (Street or Avenue)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(City) (Province) (Postal Code)*

**Year of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-Mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Landline** (780) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Origin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year you arrived in Canada\_\_\_\_\_\_\_\_\_

Check (✓) your immigrant status: permanent resident 🞎  temporary resident 🞎 other \_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken any other ELL courses? Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you find out about this ELL program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** Phone (780) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check (✓) who this emergency number is for: husband 🞎 wife 🞎 son 🞎 daughter 🞎 friend 🞎 other \_\_\_\_

Do you have any allergies? No 🞎 Yes 🞎

If you answered “yes”, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Education**: Which education level best describes you? Please check only ONE.

* No formal schooling
* Grades 1-6
* Grades 7-9
* High School or High School Diploma
* Some Post-Secondary
* Post-secondary Graduate
* Special Education
* Other ( please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Time** | **Library** | **Library Location** |
| Monday evenings | 6:30 PM – 8:30 PM | Londonderry Public Library | Londonderry Mall 66 St and 137 Ave(near Bank of Montreal, 66 St entrance) |
| Tuesday mornings | 10:30 AM – 12:30 PM | Londonderry Public Library |
| Thursday mornings | 10 AM – 12 noon | Clareview Public Library  | Clareview Recreation Centre 3808 – 139 Ave |

**Today’s Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2018

****

Dickinsfield Amity House

9213 – 146 Ave Edmonton, AB T5E 2J9

🕿 780.478.5022 ESL Teacher: Extension 904

**Photo/Video Permission for ELL Program**

*(Please* ***PRINT*** *your name on this line)*

agrees to allow Dickinsfield Amity House to take **photographs** and **video recordings** of myself during the English Language Learners Class. I also give permission to use these materials for brochures, advertisements and other promotional materials, including social media.

I understand that *my name* will not be used unless further permission to do so is requested and granted.

I have read this form and all my questions have been answered to my satisfaction. I understand what I have signed and do so willingly and freely.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/2018

 *(Please* ***SIGN*** *on this line)*

*Thank you!*

**ELL classes are free. There is no charge. However,**

please **let us know if you are not going to be in the class, or if you are no longer able to attend the class**. This is so that as many people as possible can attend the class.

|  |
| --- |
| I promise to let the teacher know if I am going to miss a class or if I am no longer going to attendthe class.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/2018*(Please* ***SIGN*** *on this line)**(This form to be signed and handed in with registration form)* |