**Starting Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*(office use only)*

Dickinsfield Amity House

**ESL Registration Form**

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

**Preferred Class (Choose only ONE)**

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

🞎 Londonderry EPL Tuesdays 10 AM – Noon

🞎 Clareview EPL: Thursdays 10 AM - Noon

🞎 All are okay.

**2017**

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

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

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

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

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

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

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

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

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

Where did you find out about this ESL course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Who is this emergency number for? husband 🞎 wife 🞎 son 🞎 daughter 🞎 friend 🞎 other \_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies? No 🞎 Yes 🞎

If you answered “yes”, what are they?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017

*Please use the reverse side of this paper*

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

 *to include any further comments.*