COFFEE Registration Form

Please fill out the following information to the best of your ability.

Today's Date: _____ / _____ / _____
(Month) (Day) (Year)

Name: _____ Date of Birth: _____

Address: _____
(Street) (City/State) (Zip)

Telephone Number: _____

Email: _____ @_____

Marital Status: ❒ Single ❒ Married ❒ Divorced ❒ Widowed Spouse's Name:_____

Name(s) of Child(ren): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

What country are you from?: _____

Employment Status: ❒ Currently Employed ❒ Looking for Employment ❒ Not Currently Looking for Employment

Have you attended English conversation or ESL classes before? ❒ Yes ❒ No

If yes, where and when? _____

Goals (check all that apply):

- ❒ Improve basic Skills
- ❒ Enter employment
- ❒ Retain employment
- ❒ Obtain GED/High School Equivelancy Diploma
- ❒ Increase involvement in child's education
- ❒ Other: _____
- ❒ Increase involvement in child's literacy
- ❒ Increase community involvement
- ❒ Citizenship skills
- ❒ Pursue higher education

How did you hear about this program? _____