



Date: _____

ELL Enrollment Form

Level 1: M-Th 9:00am-11:00am, M-Th 12:30pm-2:30pm, M-Th 3:00pm-5:00pm

Level 3-4: M-Th 9:00am-11:00am

First Name _____ Last _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip code _____

Phone Number _____ Email Address _____ Employer _____

Place of Birth _____ Primary Language Spoken _____ Highest Level of Education _____

Level 1 Yes _____ No _____ New Arrival Refugee Yes _____ No _____

Level 3-4 Yes _____ No _____

I give permission to Mary J. Treglia Community House and its employees and volunteers to take pictures of me, and they can be used for publications or in advertising. Yes _____ No _____

I give permission to Mary J. Treglia Community House to send me emails and text messages regarding class updates, notifications, and information about additional services. Yes _____ No _____ Class updates only _____

Registration fee and monthly class fee are non-refundable.

Print Name

Signature

Date

For office use only

\$25 ELL Registration: _____

Staff initial: _____