Mary J. Treglia
COMMUNITY HOUSE
Educating, Empowering, and Advocating for Siouxland's Children & Families since 192

Date: _____

Citizenship Class Enrollment Form
Fridays from 9:00 am – 11:00 am

First Name | Last Name | Date of Birth | Gender

Address | City | State | Zip Code

Phone Number | Email Address | Employer

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

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 as well as monthly class fee are non-refundable.

Print Name

Signature | Date

For office use only:
$25 Class Registration: _____
Staff initial: _____