



Language Instruction for Newcomers to Canada

Registration Form

PROTECTED B

Term: Winter Summer Fall

Date available to start class: _____

UCI number: _____

First name: _____ Last name: _____

Address: _____ Postal Code _____

E-mail Address: _____ Phone number: _____

Date of Birth: _____
(Year/Month/Day)

When did you come to Canada? _____
(Year/Month/Day)

Are you working? Yes No

Immigration Status: Economy Family Refugee Other

What country are you from? _____

What language(s) do you speak? _____

How many years did you go to school? _____

Are you planning to take vacation? Yes No When? _____

Do you have a referral card from ILVARC? Yes No

Emergency Contact Information

First name: _____ Last name: _____

Relationship: _____ Phone number: _____

I give my permission to the YWCA Calgary to keep a file with my name, phone number, email address and street address. I understand that this information will be kept **strictly confidential**.

Student's Digital Signature _____ Date _____