

Registration Form

First Name: _____ Last Name: _____

UCI Number: _____ Date of Birth: _____
(year/month/day)

Address: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

When did you come to Canada? _____
(year/month/day)

Are you working? ☐ Yes ☐ No

Immigration Status: ☐ Economy ☐ Family ☐ Refugee ☐ Other

What is your gender? ☐ Female ☐ Male ☐ Non-Binary ☐ Transgender ☐ Other

What country are you from? _____

What language do you speak? _____

How many years did you go to school? _____

Do you need settlement services in French? ☐ 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 Signature: _____ Date: _____