

## **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: \_\_\_\_\_