

Community Learning Center Adult Enrollment Form

DEMOGRAPHIC INFORMATION:

First Name: _____ Last Name: _____

___ Male ___ Female Age: _____ Date of Birth: _____ Social Security Number: _____

Employed: ___ Full Time ___ Part Time Employer: _____

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> I qualify for assistance from Health & Human Services |
| <input type="checkbox"/> Black/African American | |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> American Indian or Alaska Native | |
| <input type="checkbox"/> White | <input type="checkbox"/> I am an English Language Learner |
| <input type="checkbox"/> Asian | Native Language _____ |
| <input type="checkbox"/> Other | |

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Best Time to Call: _____

Work Phone: _____ Best Time to Call: _____

Cell Phone: _____ Best Time to Call: _____

E-Mail Address: _____

Your participation is valued! We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please indicate which of the following contributions you may be able to make:

- | | |
|--|--|
| <input type="checkbox"/> Assist with program activities | <input type="checkbox"/> My employer/church/club affiliation may be able to help |
| <input type="checkbox"/> Share hobbies, interests or talents | <input type="checkbox"/> Financial contribution |
| <input type="checkbox"/> Assist with food/snacks | <input type="checkbox"/> School Neighborhood Advisory Committee (SNAC) |
| <input type="checkbox"/> Assist with recruitment of volunteers:
_____ | <input type="checkbox"/> Other: _____ |

EMERGENCY CONTACTS:

Signature

Date