Registration Date: |__|_|/|__|/|_|_|_| (mm/dd/yyyy)

St. James Anglican Church ESL Conversation 6351 Ranchview Drive NW 403.239.0104 / 403.816.4703

Name:		Call me:		Gender: □ F □ M
(Given)	(Fam	nily)	(Preferred Name)	
Telephone(s):				/ _ _ _ n/yyyy)
Email Address:	_	_ _ _ _		_ _ _ _
	-	_ _ _ _		_ _ _ _
Address: Apt. No. Bldg/House				Postal Code
Apt. No. Blug/ House	ivo.	Name		Postal Code
Immigration Status: When did you arrive in Canada (mm/yyyy)? _ _ / _				
☐ Landed Immigrant	□ Refugee	□ Work Permit	□ Visitor to Ca	nada
□ Canadian Citizen - Date o	of Citizenship: (mm/yyyy)	_ _ / _ _ _	.ll	
□ Other (Please specify:)
Home Country:		Mother Language:		
		_ /		
(in home co	untry)		(in Calgary)	
Do you have a health problem we should be aware of?				
Name of person to contact in case o	of emergency:			
Relationship to you:		Telephone:		
How do you come to the class? (Che	eck ALL that apply): \qed Drive	□ CT LRT □ CT B	us 🗆 Walk 🗆 Get	a Ride □ Cycle
□ OTHER (specify):		Would you like a ride	e? 🗆 YES 🗆 MAYBI	□ NO THANKS
Your Hobbies, Talents or Special Inte	erests:			
How did you find out about these classes:				
☐ YES, I do CONSENT to ESL class & event activity pictures of me being posted on the St James ESL WEBPAGE				
In NO, I DO NOT CONSENT to ESL class & event activity pictures of me being posted on the St James ESL WEBPAGE				