



# ENGLISH LANGUAGE LEARNERS IN-HOME PROGRAM LEARNER'S REGISTRATION

Return completed form to: ELL In-Home Program, 1894 E. William St., #4-125, Carson City, NV 89701  
or Email: [vicky@eslinhome.org](mailto:vicky@eslinhome.org)

Please complete all information below. Information is used for statistical purposes only:

Registration Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Telephone Num.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_ Country : \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you speak English?:  NO  Yes Fair  Yes Good

Choose (at least) 2 days available:  Mon.  Tue.  Wed.  Thurs.  Fri.  Sat.  Sun. Time: \_\_\_\_\_

SKYPE  ZOOM  GOOGLE MEET  WhatsApp  Facetime  Other: \_\_\_\_\_

Race/Ethnicity:  Hispanic,  Asian,  Caucasian,  European  African American,  American Indian,  
 Other \_\_\_\_\_  Prefer not to say

Native Country: \_\_\_\_\_ Native Language: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Prefer not to say

Do you have:  Computer  Tablet  SmartPhone  None

Marital Status:  Single  Married  Widow/er  Divorced  Prefer not to say

Employed Now:  No  Yes Type of wok \_\_\_\_\_  Prefer not to say

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Household Monthly Income:  \$0~500  \$500~1000  \$1000~2000  \$2000 or more  Prefer not to say

Education: Last Grade Attended: \_\_\_\_\_ In what Country \_\_\_\_\_  
 Elementary  Middle School  High School Diploma  College  University  Other  
\_\_\_\_\_

Did you Receive a Certificate:  Yes  No If Yes, what Degree? \_\_\_\_\_

Goals: (Objetivos)	I want Employment	Yes(si) <input type="checkbox"/>	No <input type="checkbox"/>
	I want GED	Yes(si) <input type="checkbox"/>	No <input type="checkbox"/>
	I want Citizenship Study	Yes(si) <input type="checkbox"/>	No <input type="checkbox"/>
	I want Computer Literacy Class	Yes(si) <input type="checkbox"/>	No <input type="checkbox"/>
	I want English Conversation	Yes(si) <input type="checkbox"/>	No <input type="checkbox"/>

## HOW DID YOU HEAR ABOUT OUR PROGRAM

\_\_\_\_\_



# LEARNER'S RULES

I, (print Name) \_\_\_\_\_  
will try to practice English both in class and outside of class. I will study and attend every class. I understand that class attendance is important.

1. No small children during class
2. Learner must call the teacher in advance of class time if the student has to cancel.
3. Learner must be at the assigned site on time, otherwise the tutor will leave. If this happens twice, and the student did not call to cancel, the student will be dropped from class.
4. Any person who comes late can only sit and listen; he/she cannot participate.
5. If any problem arises with you and/or our tutor, you are to immediately call the Director, Nicole Draiss, at 201-681-0670.
6. I understand that if I miss two classes I will be removed from the class and asked to pay for or return my books, unless due to an emergency.
7. I hereby expressly waive, release and forever discharge the English Language Learners -Home Program (ELL) and its agents, from any and all manner of action and causes of action whatsoever (including auto accidents), which I, my administrators or executors can, shall, or may have against the ELL In-Home Program, or its agents, as result of becoming a student with the LL In-Home Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Tutors Only:  ESL  Computer  Eng. Conv.  Citizenship  GED

Other \_\_\_\_\_

**Tutor's Name** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Book Level** \_\_\_\_\_ **Days/Time** \_\_\_\_\_ **Location** \_\_\_\_\_