



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: florence.phillips@eslinhome.org

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

Registration Date: _____

Student's Name (Print): _____ **Telephone Numdgt:** _____ a

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:** _____ am/pm

SKYPE ZOOM GOOGLE MEET WhatsApp Facetime Other: _____

Race/Ethnicity: Hispanic, Asian, Caucasian, European African American, American Indian,
 Other _____

Native Country: _____ **Native Language:** _____

Birthday: _____ **Age:** _____ **Gender:** Male Female Other

Do you have: Computer Tablet Smartphone None

Marital Status: Single Married Widow/er Divorced

Employed Now: No Yes **Type of work:** _____

Number of Children: _____ **Ages:** _____

Household Monthly Income: \$0~500 \$500~1000 \$1000~2000 \$2000 or more

Education: Last Grade Attended: _____ In what Country? _____ aaaaaaa

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?

PLEASE READ AND SIGN THE FOLLOWING PAGES

Liability Waiver Re COVID

Name(Print): _____

Address: _____
Street City State Zip

Day phone number: _____ **Email:** _____

Emergency Contact: _____ **Phone number:** _____

In consideration of my volunteer participation with ELL In-Home Program, I agree and understand that I assume the risks inherent in my participation. And with full knowledge of the risks during the COVID-19 Pandemic, I agree to release and hold harmless ELL In-Home Program (ELL) and its staff and employees and assigned representatives from and against any and all claims for personal injuries or damages of any kind arising from my participation in any and all ELL programs and travel to and from any such programs, specifically tutoring students face-to-face.

I hereby accept all risk and injury to health that may result from my participation and release ELL, its staff, employees and assigned representatives from any and all liability to me or for all and any claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including death that may result from or occur during my participation in any of ELL's programs at different sites of the approved programs at other locations, including transportation to or from such programs, whether caused by negligence of ESL, its staff, employees or representatives, or otherwise.

I further agree to indemnify and hold harmless ELL, its staff, employees and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in, including transportation to or from, any ELL programs.

Understanding that ELL may be photographing and/or videotaping at any ELL program at which I volunteer, I grant ELL permission to copyright and use my name and likeness including photographs, videos, etc. in any and all of its publications, including website entries, without payment or any other consideration, in any manner or form for any lawful purpose. I waive any right that I may have to inspect or approve the finished product or written copy that may be used in conjunction therewith, or the use to which it may be applied.

Signature _____ **Date** _____

LEARNER TO READ AND SIGN NEXT PAGE

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, Florence Phillips, at 775-888-2021.
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 ELL In-Home Program.

Signature _____

Date _____

For Office Use Only: ESL Computer Eng. Conv. Citizenship GED

Other _____

Tutor's Name _____

Start Date _____

Book Level _____

Days/Time _____

Location _____