



ESL Conversation Classes Student Registration Form

Held at Lutheran Church of Our Saviour, 8831 Fairmount Drive SE, Calgary

Family Name: _____ Given Name: _____

Male: ☐ Female: ☐ Single: ☐ Married: ☐

Languages Spoken: _____ Country of Origin: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Number: _____

Email: _____

Emergency Contact Person: _____ Phone: _____

Do you have children requiring childcare? Yes ☐ No: ☐

If yes, please give name, age and any medical or allergy information we should know:

1) Name: _____ Birthdate: _____

You should know: _____

2) Name: _____ Birthdate: _____

You should know: _____

3) Name: _____ Birthdate: _____

You should know: _____
