



# Fort Bend Care Center

# Student Registration Form

- ESL- MA / WA / WP   
  ESL-Learning Upgrade   
  Conversation- TA(L1-2) / TA (L3-5)  
 GED Math   
  GED Social Science   
  Citizenship   
  Learning Upgrade App (Non-ESL/GED)

## Student Information (Please print clearly)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

                    Last                                      First                                      Preferred                                      Gender:  Male     Female

Address: \_\_\_\_\_ Are you an US Citizen:  Yes     No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ No. of persons in household: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ No. of children under 18 in the home: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status:  M     S     D     W

Native Language: \_\_\_\_\_ English Proficiency:  Yes     No     Functional     Minimal

### Ethnicity (select one):

- Hispanic or Latino  
 Asian  
 Black/African American  
 White

### Education:

- Less than grade 12  
 HS Diploma  
 Some College  
 College Degree

### Employment Status:

- full time     Part time     Not employed  
 Disabled     Retired     Seeking Work

### How do you hear about our program?

- Website/ internet   
  friend/family   
  School   
  sign/poster/flyer   
  Workplace   
  Other

## For Office Use Only

ID/ Address Verified: \_\_\_\_\_ Class Assigned: \_\_\_\_\_  
(ESL/Conv/Citizenship/GED Math/ GED Social Studies/Phone App Only)

Fees Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check#: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

## ASSUMPTION OF RISK, VOLUNTARY RELEASE, AND INDEMNITY AGREEMENT

In consideration of my participation in the program and any other activities in Fort Bend Care Center including any activities conducted during early arrivals and extended departures (Collectively, the "Activities"), I agree to assume any and all risks in injury or death arising from/or relating to the Activities and waive and release any and all actions, claims, suits or demands of any kind against Fort Bend Care Center (Care Center), Fort Bend Community Church (the Church), their affiliates, officers, governing council, staff, agents, sponsors, volunteers or representatives of any kind arising from /or relating in any way to my voluntary participation in the Activities.

I agree to indemnify Care Center, the Church, their affiliates, officers, governing council, staff, agents, sponsors, volunteers or representatives of any kind in the event of any loss, damage or claim arising from /or relating in any way to my voluntary participation in any of the Activities whether caused by the negligence of Care Center, the Church or otherwise.

I hereby consent to and authorize Care Center to use and reproduce any photographs and/or video taken of me as needed in printed, web media and public material.

Signature of Participant: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Received by:

Signature of Staff: \_\_\_\_\_

Name of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT PERSON

Name of student: \_\_\_\_\_

Information about the Contact person in case of emergency:

Name: \_\_\_\_\_

Phone number (Home): \_\_\_\_\_

Phone number (Work): \_\_\_\_\_

Phone number (Cell): \_\_\_\_\_

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

Relationship to you: \_\_\_\_\_