



Foundation for Immigrant Resources and Education  
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*Through literacy and community come empowered lives.*

# LEARNER REGISTRATION FORM

LAST NAME / FAMILY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## **EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

Program (ESL, Computer, GED, etc): \_\_\_\_\_

Childcare needed? \_\_\_\_\_