



Adult Learner Registration

Date: _____

First Language: _____

Name: _____

Phone: (Home) _____ (Work): _____ (Cell): _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Gender: Male Female Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

WHERE?

Please let us know where you would be willing to do tutoring? Circle one, both or all.

Avon Library

Gypsum Library

Eagle Library

Please note that the Gypsum library is only open Tuesdays through Fridays 10am-6pm and Mondays 10am-8pm.

WHEN?

What days and times are you available for tutoring? Please put an X in any time period where you are available for tutoring.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am-12noon							
12noon-2pm							
2pm-4pm							
4pm-6pm							
6pm-8pm							



Read Well Speak Well Live Well

Racial/Ethnic Group

African American Asian American Caucasian
 Hispanic Native American Pacific Islander
 Multicultural Other _____

Education

Highest grade completed? _____

High school diploma? Yes No GED

Special Education Classes? Yes No

College? Yes No Degree

Work Status

Employed, Full time or Part-Time Unemployed Retired Disability

Occupation: _____

Employer: _____

Previous employment: _____

Families for Literacy

Do you have children five years of age or younger? Yes No

Do these children live with you? Yes No

Is childcare a problem for you? Yes No

Conditions That May Affect Learning

Directions: Circle your answer.

Do you wear glasses or contact lenses? Yes No

Do you wear a hearing aid? Yes No

Is there anything else that makes it hard for you to learn? Yes No

If yes, what is it?

