

Computer Class Registration 2012



**Haitian Family
Resource Center**

Haitian Family Resource Center
1782 Flatbush Ave
Brooklyn, NY 11210
Phone: 347-374-4470
Fax: 347-374-4471

Today's Date: ____/____/____

APPLICANT INFORMATION

Last Name:	Middle Initial:	First Name
Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Current address:		
City:	State:	ZIP Code:
Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____		
Email:	Primary Language Spoken:	

COMPUTER CLASS INFORMATION

Programs: Windows <input type="checkbox"/> Word <input type="checkbox"/> Power Point <input type="checkbox"/> Excel <input type="checkbox"/> Internet <input type="checkbox"/>
Session Date: ____/____/____
Availability: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>

EMERGENCY CONTACT

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Print Name: _____

Date: _____

Signature: _____

FOR OFFICIAL USE ONLY

Highest Level of Education: High School/GED ☐ College ☐ Graduate School ☐

Ethnic Background: Black ☐ Caucasian/White ☐ Latino/Hispanic ☐ Puerto Rican ☐ Asian/Pacific Islander ☐