Families Learn & Grow

**The following information is collected for statistical purposes only and will not be shared.**

Name of adult learner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children: \_\_\_\_\_\_\_\_\_ Age(s) of child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home/ Cellphone)

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

City/ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(yyyy-mm-dd)

How did you hear about us?

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

(yyyy-mm-dd)

Gender Identity (please circle one):

Female Male Other Prefer not to disclose

Learner Profile (please circle one):

* Canadian Citizen
* First Nations/Metis/Inuit
* Permanent/Temporary Residents/Refugees
* Unknown
* Prefer not to disclose

Previous Schooling of Parent (please circle one):

* Some High School or High School Graduate
* Some Post Secondary
* Special Education
* Unknown
* Grade 1-6
* Grade 7-9
* No Schooling
* Post Secondary Graduate
* Prefer not to disclose

What is one thing you would like to learn while attending this program?

**For Office Use Only**

Registered as learner 

Registered in program 