



Registration Form – Adult Education at DC 1707

Directions: (Please read carefully.)

Step 1 – Check the workshop and/or class you want. This form is for one workshop/class only. Use additional forms for additional workshops/classes.

Step 2 – Submit a money order (**no checks or cash accepted**) to cover the workshop and/or class deposit(s).
(Money orders are available at your bank, Post Office or at a local check cashing company.)

Step 3 – Make the Money Order payable to: DC 1707 Educational Corp., 101 Ave. of the Americas, 4th Fl., NY, NY 10013

Step 4 – Mail this page, the Money Order, and a copy of your membership card to the address above.

Step 5 -Call the Education Department at 212-219-0022 for the starting date of the class and the location.

Workshops

Violence Prevention - Latecomers will not be admitted.
No charge to DC1707 members; \$40 - nonmembers

- _____ Saturday, 9:30 – 12:00, Oct. 2, 2010
- _____ Saturday, 9:30 – 12:00, Dec. 4, 2010
- _____ Friday, 5:30 – 8:00, March 25, 2011
- _____ Saturday, 9:30 – 12:00, May 21, 2011

Child Abuse/Maltreatment - Latecomers will not be admitted. No charge to DC1707 members; \$40 - nonmembers

- _____ Saturday, 12:30 – 3:00, Oct. 2, 2010
- _____ Saturday, 12:30 – 3:00, Dec. 4, 2010
- _____ Friday, 5:30 – 8:00, February 25, 2011
- _____ Saturday, 12:30 – 3:00, May 21, 2011

CPR/First Aid - Latecomers will not be admitted.
\$40 for DC1707 members; \$80 - nonmembers

- _____ Saturday, 9:00 – 4:00, Oct. 2, 2010
- _____ Saturday, 9:00 – 4:00, Feb. 5, 2011
- _____ Saturday, 9:00 – 4:00, May 21, 2011

Driving Defensively - Latecomers will not be admitted.
For NY State licensed drivers only

- \$15 charge to DC1707 members; \$25 - nonmembers
- _____ Saturday, 8:30 – 3:00, Oct. 2, 2010
 - _____ Saturday, 8:30 – 3:00, Dec. 4, 2010
 - _____ Saturday, 8:30 – 3:00, Feb. 5, 2011
 - _____ Saturday, 8:30 – 3:00, May 14, 2011

Call 212-219-0022 for the location of the class or workshop.

For information about the CDA Program, please call the Education Department at 212-219-0022.

Questions? Call the Education Department
212-219-0022; FAX - 212-226-9604; www.dc1707.net

Classes

\$25 for DC 1707 members and \$50 for nonmembers; fee is refundable with perfect attendance. Upon registration, class dates will be announced. Call 212-219-0022 for class confirmation.

General Classes:	Days	Time	Dates
___ Conversational Spanish I	T&TH	5:45pm–8:45pm	TBA
___ American Sign Language-Level 1	T&TH	6:00pm–8:00pm	TBA
___ GED Prep	SAT	10:00am–2:00pm	TBA
___ English as a Second Language	SAT	10:00am–2:00pm	TBA

Computer Classes:	Days	Time	Dates
___ Introduction to Computers	M&W	5:45pm–8:45pm	TBA
___ Introduction to Computers	SAT	10:00am–2:00pm	TBA
___ Internet Literacy	SAT	10:00am–2:00pm	TBA
___ Basic Word	M&W	5:45pm–8:45pm	TBA
___ Intermediate Word	SAT	10:00am– 2:00pm	10/2
___ Advanced Word	SAT	10:00am– 2:00pm	TBA
___ Advanced Word	M&W	5:45pm– 8:45pm	TBA
___ Intermediate Excel	SAT	10:00am– 2:00pm	10/2
___ Basic Excel	M&W	5:45pm–8:45pm	TBA
___ Advanced Excel	SAT	10:00am–2:00pm	TBA
___ Power Point & Publisher	SAT	10:00am–2:00pm	TBA
___ Web Design	T&TH	5:45pm–8:45pm	TBA
___ Access	SAT	10:00am–2:00pm	TBA
___ Basic QuickBooks	T&TH	5:45pm–8:45pm	10/5
___ Advanced QuickBooks	T&TH	5:45pm–8:45pm	TBA

Education Preparatory Classes:	Days	Time	Dates
___ LAST Prep	SAT	10:00am-4:30pm	10/2
___ ATAS Prep	SAT	10:00am–2:00pm	10/2
___ ATS-W Prep	TUES	5:45pm–8:45pm	10/5
___ CST Prep	THUR	5:45pm–8:45pm	10/7

Registration is on a first-come, first-served basis.

First name _____ Middle/Maiden _____ Last name _____
 Address _____ Apt. _____
 City _____ State _____ ZIP _____ Social Security Number _____
 Email Address _____ Date of Birth _____
 Telephone (W) _____ (H) _____ (C) _____
 Please circle your local union: 95 107 205 215 253 389 or check here if a nonmember _____

1. Contact Information

INDIVIDUAL STUDENT RECORD FORM

AGENCY CODE

First Name: _____ Last Name: _____ Union Affiliation: _____ Local: _____

Date of Birth: _____ SS#: _____ Original Program Start Date: _____ Member _____ Family of member: _____

Address: _____ Apt.#: _____ E-Mail: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____ Work Phone: _____

<p>2. Sex <input type="radio"/> Male <input type="radio"/> Female</p> <p>3. Race/ Ethnic Identity</p> <p>A1 Native American A2 Alaskan American B1 Asian B2 Pacific Islander C1 African American C2 Afro-Caribbean C3 African D Latino/ a E1 White (not Latino/ a) <input type="radio"/> E2 Other</p>	<p>4. Employment Status (check One)</p> <p>A Employed Full – Time B Employed Part – Time C Unemployed 1 year or more and available to work D Unemployed less than 1 year and available to work E Not available for employment</p> <p>5. Funding Source: _____</p>	<p>6. Public Assistance</p> <p>Not receiving Public Assistance A TANF B Food Stamps C Refugee Cash Assistance D Old – aged Assistance Safety Net Aid to the Blind or Totally Disabled O Other, Specify _____</p> <p>Case Number _____</p>	<p>7. Nationality</p> <p>Country of Birth: _____ Date of US Settlement: ____ / ____ / ____ Native Language _____ Immigrant? Yes ____ No ____ Refugee? Yes ____ No ____</p>
<p>8. School Aged Children Is the student the parent or guardian of the children under the age of 21?</p> <p>Parent/ Guardian Yes ____ No ____ Single Parent Yes ____ No ____</p> <p>If yes to above, enter number of children at each level: PreS Elem JHS HS</p>	<p>10. Population Categories</p> <p>A Homeless B In Correctional Facility C Other Institutionalized D High School Graduates or Equivalent E Displaced Homemakers F Head of Household G Disabled H Enrolled in Other Education/Training I Veterans J Dislocated Workers K Employed at 200% of Poverty Level M Low Income R Resident of Public Housing Q Learning Disabled V Other: _____ W Non Native English Speaker</p>	<p>11. Referral Source</p> <p><input type="radio"/> A Another Student <input type="radio"/> B TV <input type="radio"/> C Newspaper <input type="radio"/> D Friend or Relative <input type="radio"/> E Social Service Agency <input type="radio"/> F Education Program <input type="radio"/> G Training Program <input type="radio"/> H Recruitment Poster/Flyer <input type="radio"/> I GED Program <input type="radio"/> J One-Stop <input type="radio"/> K Radio <input type="radio"/> L Library <input type="radio"/> M Phonebook <input type="radio"/> N Web Site <input type="radio"/> O Other Literacy Organization <input type="radio"/> P Returning Student <input type="radio"/> R Workers Union <input type="radio"/> S Employer <input type="radio"/> X Other, specify _____ <input type="radio"/> Y Church</p>	<p>12. Short-term Student Goals</p> <ol style="list-style-type: none"> 1 Improve Basic Literacy Skills 2 Improve English Literacy Skills 3 Obtain a Job 4 Retain Current Job 5 Improve Current Job 6 Earn GED Certificate 7 Earn a Secondary School Diploma 8 Enter Post-Secondary Education 9 Enter Training <p>Other Student Goals</p> <ol style="list-style-type: none"> 10 Obtain Citizenship Skills 11 Reduce Public Assistance 12 Get Involved in Community Activities 13 Get Involved in Children’s Education 14 Get Involved in Children’s Literacy Activities <p>Other: _____</p>

13. Pretest Information

14. Initial Classes

Test Name	Test Type		Test Date	Subscores				GE	Total
	Level	Form							

Date of Enrollment
____ / ____ / ____
____ / ____ / ____
____ / ____ / ____

Form Completed By _____ Date: _____ Teacher Name _____

Employer _____ Shift _____ Job Title _____ Work Location _____ Days of Class: _____ Time: _____