

The Blythe Library

English as a Second Language (ESL) Application

Name and Address (Fields with an asterisk (*) are required.)				
First Name:	* Last Name:		*	
Street Address:		City:	Zip:	
Main Phone*:	Email Address:			
Gender: <u>M / F</u> Age:	What name do you prefer to be called?	What is your na	ative language?*	
Emergency Contact Info	rmation			
First Name:	* Last Name:	* Relation	ship:*	
Contact Number:	* Does your Emer	Does your Emergency Contact speak English?*		
Purpose				
The purpose of The Blythe Library's ESL program is to assist adult learners in becoming active participants in their communities. Topics covered will help students develop the English language skills they need to navigate governmental, educational, financial, healthcare, and other American institutions. ESL classes provide the opportunity for nonnative English speakers to improve their employability, increase their communication skills in English, and become self-sufficient members of our American society. <i>No residency documentation paperwork is required to participate.</i>				
Expectations				
 All potential students will: be required to attend an information session prior to being accepted to classes: date/time TBD be required to pay a small monthly fee to help offset expenses: \$20 per person month/ \$25 per couple commit themselves to attending weekly classes: Tuesday & Thursday evenings provide prior notice when unable to attend a session 				
Childcare				
Childcare is no	ot offered; however, if lack of childcare will preven	t an applicant from attend	ling, please let us know.	
Participant Waiver				
library and/or recreatio all risks incidental to su demands of every kind program. Participant fu kind and character that the course of instructic physical condition and	eted prior to participation in any library sponsored onal activities. In consideration for and as a condit uch participation and agrees to hold the City of Bl I and character arising out of or in connection with orther releases the City of Blythe, its employees, a t participant's successors or assigns shall or may on and/or activities contemplated in the program. physically fit to participate in the program.	ion of such participation, p lythe and employees harm h the undersigned as parti and volunteers from all suit have arising out of or by r Participant represents tha	participant agrees to assume aless from all suits, claims, or icipant in said volunteer ts, claims or demands of every reason or in connection with at participant is in good	
Applicant's Signature:		* Date:*		