

**MAPS – Massachusetts Alliance of Portuguese Speakers
Educational Program Registration Form**



Registration Date: ____/____/____ Registered by: _____

Student: _____
(First Name) (Middle Name) (Last Name)

() Mr. () Mrs. () Ms. Date of Birth: ____/____/____ Nationality: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Cell Phone: () ____-____ Other: () ____-____

E-mail: _____

Type of Course: ESOL _____ Citizenship: _____ Portuguese: _____

Day of the week: _____ Time: _____ Office: _____

Amount Paid: _____ Cash () Check #: _____ Credit Card ()

I am acknowledged that the registration fee is not refunded and classes must not be recorded by any device.

Student: Signature: _____

**MAPS – Massachusetts Alliance of Portuguese Speakers
Educational Program Receipt**

Student: _____

Type of Course: ESOL _____ Citizenship: _____ Portuguese: _____

Day of the week: _____ Time: _____ Office: _____

Amount Paid: _____ Cash () Check #: _____ Credit Card ()

MAPS Employee Signature: _____