

**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: \_\_\_\_\_

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**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: \_\_\_\_\_