



**MEXICAN
INSTITUTE**
of Greater Houston

NEW CLASS REGISTRATION FORM

Community Learning Center:

(Name of Learning Facility and city)

Instructor(s):

(First name, Last name)

(First name, Last name)

Course Start/End Date:

S: _____ E: _____

(MM/DD/YY)

(MM/DD/YY)

Course:

(Course title)

Tutor(s):

(First name, Last Name)

(First name, Last Name)

Session Days and Time: *(Check box that applies)*

M
 T
 W
 TH
 F
 S
 SU
 S: _____ E: _____

(Time)

Check box if new CLC

CLC REGISTRATION

Please fill out the following if a new Community Learning Center is being registered:

Facility Address:

(Street)

(City, State, Zip)

Organization:

Maximum Number of Students:

Number of Computers:

Contact Person:

(First name, Last Name)

ISD:

(Phone #)

(Times of Availability)

Notes:

[click here to
SUBMIT
form](#)

For any questions or concerns please contact the Mexican Institute at (713)988-6699 or email us at: j.jimenez@mexicaninstitute.org