



# Computer and Internet Class

People's Emergency Center - Center for Digital Inclusion & Technology  
3939 Warren St. Philadelphia, PA 19104 | Phone: 267.777.5860 Fax: 267.777.5887 | Email: di@pec-cares.org

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## Student Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone # - day: \_\_\_\_\_ Phone # - evening: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_



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## Permission to Use Photographs and Video

I give my permission for the use of photographs and video taken of me at People's Emergency Center. These photographs may be used to describe PEC's and/or PECCDC's programs in any proposals or presentations in any form, including slides, news articles, or websites. Only first names will be used in any publication, and no student's personal details will be published unless express permission is granted.

My permission is given without restriction. I hereby relinquish all rights to the final use of these photographs.

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

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

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

## Names of Children:

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## Student Survey

*We appreciate your responses to each question. Your responses help us keep our funding to provide free programming!*

*Please note that all responses will remain anonymous. Thank you!*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Race or ethnicity: \_\_\_\_\_ Number of household members: \_\_\_\_\_

Annual Household Income (check one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under \$10,000    | <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$100,000-\$150,000 |
| <input type="checkbox"/> \$10,000-\$19,999 | <input type="checkbox"/> \$50,000-\$59,999 | <input type="checkbox"/> Over \$150,000      |
| <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$60,000-\$69,999 |  |
| <input type="checkbox"/> \$30,000-\$39,999 | <input type="checkbox"/> \$70,000-\$99,999 |  |

- Do you currently own a computer? \_\_\_\_\_
- If not, have you owned a computer before? \_\_\_\_\_
- Do you have the Internet? \_\_\_\_\_
- What kind of connection do you have? (check one)  
 Dial Up     Broadband     Mobile Device (e.g. phone, tablet)     Other
- Who uses your computer? (check one)  
 My Family     My Children     Just Me    \_\_\_\_\_ Other (specify)
- How many hours per week do you spend on a computer? \_\_\_\_\_
- Do you use a computer anywhere other than at home? (Please Check)
  - School
  - Library
  - Friend's home
  - Other (please list): \_\_\_\_\_
- What level would you say you are on computers? (Please check)
  - Beginner - I have never used a computer
  - Beginner - I have used a computer 1-5 times
  - Advanced Beginner - I have used a computer 5-10 times
  - Intermediate - I have used a computer more than 10 times
  - Advanced Intermediate - I use a computer regularly
- For what purpose(s) do you use the computer? (Please check)
 

<input type="checkbox"/> Job Search	<input type="checkbox"/> Non-web-based Games	<input type="checkbox"/> Education/Training
<input type="checkbox"/> Social Media	<input type="checkbox"/> News	<input type="checkbox"/> Watching TV or videos
<input type="checkbox"/> Email	<input type="checkbox"/> Shopping	<input type="checkbox"/> Online Banking/Paying Bills
<input type="checkbox"/> Web-based Games	<input type="checkbox"/> Word Processing (Microsoft Word)	<input type="checkbox"/> Online Shopping

*This is the end of the survey. Thank you again for taking the time to complete it!*