

NORTHWEST BERGEN SENIOR CENTER REGISTRATION FORM

Today's Date _____

First Name	Last Name	Male <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>
Nickname or Preferred Name		Ethnicity (select one)
Address: _____		<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino
Date of Birth _____ / _____ / _____ Month / Day / Year		Race (select one or more; information collected for federal statistics)
Telephone Numbers:		<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other
Home: _____		Veteran of US Armed Service <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile: _____		
Email: _____		
I would like to be on the e-mail mailing list. YES <input type="checkbox"/> NO <input type="checkbox"/>		

Income (select one)	
<input type="checkbox"/> \$ 0 - \$1011. month (1-person household)	<input type="checkbox"/> \$ 0 - \$1371. month (2-person household)
<input type="checkbox"/> \$1012. - \$2,582. month(1-person household)	<input type="checkbox"/> \$ 1372. – \$3,531. (2-person household)
<input type="checkbox"/> \$2,583. – month or above (1-person household)	<input type="checkbox"/> \$ 3,532 – month or above (2-person household)

CHECK EACH QUESTION BELOW:	Yes	No
1. Do you Live alone?		
2. Are you Frail/ Disabled? - Having a physical or mental disability that restricts the ability of an individual to perform normal daily tasks, or threatens the capacity of the individual to live independently.		
3. Are you Vulnerable? - Exposed to unfavorable environmental conditions, or lack of social resources such as language barrier, isolation, no informal support system, income level between 100-200% of the poverty level, or not previously within the service system.		

EMERGENCY CONTACT	
Name (s) : _____	
Relationship to Client: _____	
Telephone #: _____	Mobile/work: _____

Please list the activities/classes registering at the center	
<input type="checkbox"/> Lunch	<input type="checkbox"/> Education: _____
<input type="checkbox"/> Physical Activity:	_____
<input type="checkbox"/> Socialization/Recreation:	_____