



Class Registration Form

Participant

Date _____

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Phone _____ Alt Phone _____

Emergency Contact _____ Phone _____

Email _____

Gender Male Female Other _____

Date of Birth _____

Race:

- American Indian/Alaskan
- White/Caucasian
- Black/African American
- Native Hawaiian/Pacific Islander
- Asian
- 2 or more races
- Other

Ethnicity:

- Hispanic or Latino
- non-Hispanic

Do you identify as being disabled? **Yes/No**

Would you like to receive the Elder Network Newsletter? Yes No

Elder Network Class or Session you are Registering for:

- Aging Mastery
- Grandparents Walking
- Other : _____
- Creative Aging
- Mindfulness Book Club

What other classes, programs or services would you like Elder Network to offer?

➔ Over for more Demographic questions



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Please circle your employment status:

- Full-Time Employed
- Part-Time Employed
- Retired
- Unemployed

Do you identify as being disabled? **Yes/No**

How many individuals live in your household? _____

If you live in a one-person household, is your gross, monthly income under \$2,682.5/month or \$0-32,200/year? **Yes/No/Not Applicable**

If you live in a two-person household, is your gross, monthly income under \$3,630/month or \$0-43,550/year? **Yes/No/Not Applicable**

If you live in a three-person household, is your gross, monthly income under \$4,575/month or \$0-54,900/year? **Yes/No/Not Applicable**

If you live in a four-person household, is your gross, monthly income under \$5,521/month or \$0-66,250/year? **Yes/No/Not Applicable**