



Date of Registration: \_\_\_\_\_

Annual Renewal Date: \_\_\_\_\_

\*\*\* PLEASE PRINT LEGIBLY \*\*\*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Birthday: \_\_\_\_\_

**Emergency Contacts:**

Name:	Relationship:
Address:	
Home Phone:	Cell Phone:
Email:	

Name:	Relationship:
Address:	
Home Phone:	Cell Phone:
Email:	

**Demographics: (please circle)**

Gender:	Male	Female	
Marital Status:	Single	Married	Widowed
	Separated	Divorced	Other:
Race/Ethnicity:			
Living Arrangement:	Alone	With Spouse/Partner	Personal Care Facility
	With Child	With Relative	Assisted Living
Primary Language Spoken:			
Veteran Status:	Yes	No	
Highest Level of Education:			

**How did you hear about Central DeKalb Senior Center?**

Current Member	Word of Mouth	Website	Publication
Area Business	Non-Profit	Agency	Other:

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



\*For DeKalb County residents, age 62 and older