



**UNIVERSITY SETTLEMENT
Senior HeART Program
Enrollment Form**

For Staff only:
 Winter/Spring _____
 Spring Intensive/Summer _____
 Fall/Winter Intensive _____
 Winter Dec /Jan Intensive _____

ENROLLMENT DATE: D M Y

GENERAL INFORMATION
 To be filled in by RETURNING PARTICIPANTS or NEW PARTICIPANTS

<i>Last Name:</i>		<i>First Name:</i>	
<i>Age :</i>	<i>Date of Birth:</i>		<i>Gender !:</i>
<i>Address:</i>			Apt #
<i>Phone # :</i>		<i>E-mail:</i>	
<i>Ethnicity:</i>		<i>Annual Income:</i>	

Number of people in your household?

OTHER INFORMATION
 To be filled in by NEW PARTICIPANTS only

What language(s) is/are spoken at home?

Do you belong to any senior centers or buildings?

How did you hear about us?
 Senior Center Flyer Friends Doctor
 Social Worker In your building Other _____

Do you need transportation?
 Yes No
From what area or location?

EMERGENCY CONTACT INFORMATION
 To be filled in by RETURNING PARTICIPANTS or NEW PARTICIPANTS

<i>Last Name:</i>		<i>First Name:</i>	
<i>Relationship to You:</i>		<i>Phone Number:</i>	
<i>Address:</i>			

 PARTICIPANT SIGNATURE

 DATE

All scheduled class times and dates are subject to change.

FOR STAFF USE ONLY

Payment Date:			
Receipt Number:			
Paid Amount:	\$	\$	\$
No. Classes Enrolled:			
No. Waiting Classes:			
1 Enrolled Class Code:			
2 Enrolled Class Code:			
3 Enrolled Class Code:			
4 Enrolled Class Code:			
Staff Initial:			