



# Older Adult Services Participant Registration Form

<input type="checkbox"/> <b>New Member:</b>		<input type="checkbox"/> <b>Updating/Changing Information</b>	
<b>First Name:</b>		<b>Middle (optional)</b>	<b>Last Name:</b>
<b>Nickname:</b> (leave blank if none)			
<b>Date of Birth:</b> ___/___/___(MM/DD/YYYY)			
<b>Primary Telephone:</b>		<b>Secondary Telephone:</b>	
( ) _____		( ) _____	
Type: cell ___ landline___		Type: cell ___ landline___	
<b>Address:</b>			
_____			
<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____			
<b>Email:</b>		<input type="checkbox"/> <b>Check here if you are <u>not</u> already receiving and would like to be added to receive our weekly email newsletter with program information and updates</b>	
_____			
<b>EMERGENCY CONTACT INFORMATION</b>			
<b>First &amp; Last Name:</b>		<b>Telephone:</b>	
_____		_____	
_____		<b>Relationship:</b>	
_____		_____	
<b>Please Place a Checkmark in Each Section that Applies (optional)</b>			
<b>Ethnicity:</b> ___Hispanic or Latino ___Not Hispanic or Latino		<b>Race:</b> ___African American/Black ___American Indian/Alaskan Native ___Asian ___Native Hawaiian/Other Pacific Islander ___White	
<b>Mail to: City of Newton, Older Adult Services, 1000 Commonwealth Ave., Newton, MA 02459</b>			<b>Updated 11/6/24</b>