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| **Registration Form****Please Note:** This information is collected to satisfy the requirements of our funders. All data is kept confidential. |
| Graphical user interface, text, application, chat or text message  Description automatically generated | ***Birthdate******MM/DD/YYYY*** | ***Gender******M/F/Other*** | ***Race:*** ***Please check as appropriate*** |
| ***Adult First Name:*** ***Last Name:*** | ***Birthdate:*** **/ /** | [ ]  [ ]  Male [ ]  Female [ ]  Non-Binary[ ]  Transgender | 1) [ ]  [ ]  White or Caucasian6 Hispanic? [ ]  Y [ ]  N [ ]  American Indian, Alaskan Native1  [ ]  Asian, Asian-American , S. Asian2 [ ]  Other Race7  [ ]  Black, African-American, Other African3 [ ]  Multi-Racial8[ ]  Native Hawaiian or Pacific Islander4 [ ]  Unknown0 |
| ***For Family/Teen programs, please fill out children’s info:*** |  |  |  |
| ***Child #1 First Name:******Last Name:*** | ***Birthdate:*** **/ /** | [ ]  [ ]  Male [ ]  Female [ ]  Non-Binary[ ]  Transgender | 1) [ ]  [ ]  White or Caucasian6 Hispanic? [ ]  Y [ ]  N [ ]  American Indian, Alaskan Native1  [ ]  Asian, Asian-American , S. Asian2 [ ]  Other Race7  [ ]  Black, African-American, Other African3 [ ]  Multi-Racial8[ ]  Native Hawaiian or Pacific Islander4 [ ]  Unknown0 |
| ***Child #2 First Name:******Last Name:*** | ***Birthdate:*** **/ /** | [ ]  [ ]  Male [ ]  Female [ ]  Non-Binary[ ]  Transgender | [ ]  [ ]  [ ]  White or Caucasian6 Hispanic? [ ]  Y [ ]  N [ ]  American Indian, Alaskan Native1  [ ]  Asian, Asian-American , S. Asian2 [ ]  Other Race7  [ ]  Black, African-American, Other African3 [ ]  Multi-Racial8[ ]  Native Hawaiian or Pacific Islander4 [ ]  Unknown0 |
| ***Child #3 First Name:******Last Name:*** | ***Birthdate:*** **/ /** | [ ]  [ ]  Male [ ]  Female [ ]  Non-Binary[ ]  Transgender | 1) [ ]  [ ]  White or Caucasian6 Hispanic? [ ]  Y [ ]  N [ ]  American Indian, Alaskan Native1  [ ]  Asian, Asian-American , S. Asian2 [ ]  Other Race7  [ ]  Black, African-American, Other African3 [ ]  Multi-Racial8[ ]  Native Hawaiian or Pacific Islander4 [ ]  Unknown0 |
| **Address:** **Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_­** | **Office Use**[ ]  Bla [ ]  City of MV[ ]  TSD[ ]  Unincorp. KC[ ]  Other City[ ]  Other County |
|  |  |
| **Emergency Contact: First/Last Name** | **Emergency Telephone:** | **Relationship to Participant:** |
| *I agree to hold harmless Greater Maple Valley Community Center (GMVCC), its’ officers, employees, volunteers, and agents, from all liability including any and all claims stemming from injuries, damages, or losses that may be incurred by participation in, and/or transportation to/from these activities. I grant the GMVCC permission to use photos of program participants under my care for use in promotional venues, including GMVCC web site, newsletters, press releases, etc. I grant the GMVCC permission to contact me regarding upcoming programs and events.* ***Signature of Adult:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Today’s Date:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**Refugee or Immigrant:**  [ ]  Yes [ ]  No **Do you have a Disability:** [ ]  Yes [ ]  No If yes are you Access eligible? [ ]  Yes [ ] No

**Limited English Proficiency:** [ ]  Yes [ ]  No *If yes, indicate primary language spoken:* \_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Staff Use Only** | Find the column for the number of people in the household. Then find the income range for the last year’s annual gross income and **CIRCLE** the income range. |
| **1 Person** | **2 Persons** | **3 Persons** | **4 Persons** |
| 1 | $0 to $18,850 | $0 to $21,550 | $0 to $24,250 | $0 to $26,900 |
| 2 | $18,850 to $31,400 | $21,550 to $35,850 | $24,250 to $40,350 | $26,900 to $44,800 |
| 3 | $31,400 to $46,100 | $35,850 to $52,650 | $40,350 to $59,250 | $44,800 to $65,800 |
| 4 | $46,100 or more | $52,650 or more | $59,250 or more | $65,800 or more |

**Living Situation:**

Homeless: [ ]  Yes [ ] No If yes,Long-term Homeless: [ ]  Yes (HUD definition) [ ]  No

 OR Chronic Homelessness: [ ]  Yes (HUD definition + disabled) [ ]  No

**HOUSEHOLD COMPOSITION: (Please choose one)**

Number of Persons in your Household: (You count as one person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are You a Single Person Household [ ]  WITH a Minor? [ ]  WITHOUT a Minor?

Are You a Shared 2 Parent Household [ ]  WITH a Minor? [ ]  WITHOUT a Minor?

Are You a Shared Other Related Adults Household [ ]  WITH a Minor? [ ]  WITHOUT a Minor?

**SEXUAL ORIENTATION**

[ ]  Heterosexual5 [ ]  Bisexual2 [ ]  Gay3  [ ]  Lesbian4 [ ]  Questioning6 [ ]  Queer7 [ ]  Other8

**Veteran/Military Status:**

U.S. Military (past or present) [ ]  Yes [ ]  No Spouse or partner of military person: [ ]  Yes [ ]  No [ ]  Military Minor Dependents

**Discharge Status:**

[ ]  Honorable [ ]  General [ ]  Medical [ ]  Bad Conduct [ ]  Dishonorable [ ]  Client refused [ ]  Other Than Honorable Conditions (OTH)

**Employment:**

[ ]  F/T Permanent [ ]  P/T Permanent [ ]  Seasonal [ ]  Not Employed (seeking) [ ]  Not Employed (not seeking)

**Education Level:**

[ ]  Currently Enrolled in K-12 [ ]  Less than High School Grad [ ]  High School Diploma or GED

[ ]  Some College – no degree or cert [ ]  Certificate [ ]  Associate’s Degree [ ]  Bachelor’s Degree or above

**For Senior Nutrition Program Participants: If you would like to participate in the Congregate Meal Program (eligibility 60+ years old and live in King County), please complete a Client Nutritional Status form. There is a suggested $5 donation for your meal if you are 60+ years old. For those 59 and younger, the lunch fee is $7.**

*Programs/Forms/Registration Forms/Registration Form 7-17-24*