

Registration Form

Please Note: This information is collected to satisfy the requirements of our funders. All data is kept confidential.



	Birthdate MM/DD/YYYY	Gender M/F/Other	Race: <i>Please check as appropriate</i>
Adult First Name:	Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender	<input type="checkbox"/> American Indian, Alaskan Native ¹ <input type="checkbox"/> Asian, Asian-American, S. Asian ² <input type="checkbox"/> Black, African-American, Other African ³ <input type="checkbox"/> Native Hawaiian or Pacific Islander ⁴
Last Name:	/ /	<input type="checkbox"/> White or Caucasian ⁶ <input type="checkbox"/> Other Race ⁷ <input type="checkbox"/> Multi-Racial ⁸ <input type="checkbox"/> Unknown ⁰	
For Family/Teen programs, please fill out children's info:			
Child #1 First Name:	Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender	<input type="checkbox"/> American Indian, Alaskan Native ¹ <input type="checkbox"/> Asian, Asian-American, S. Asian ² <input type="checkbox"/> Black, African-American, Other African ³ <input type="checkbox"/> Native Hawaiian or Pacific Islander ⁴
Last Name:	/ /	<input type="checkbox"/> White or Caucasian ⁶ <input type="checkbox"/> Other Race ⁷ <input type="checkbox"/> Multi-Racial ⁸ <input type="checkbox"/> Unknown ⁰	
Child #2 First Name:	Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender	<input type="checkbox"/> American Indian, Alaskan Native ¹ <input type="checkbox"/> Asian, Asian-American, S. Asian ² <input type="checkbox"/> Black, African-American, Other African ³ <input type="checkbox"/> Native Hawaiian or Pacific Islander ⁴
Last Name:	/ /	<input type="checkbox"/> White or Caucasian ⁶ <input type="checkbox"/> Other Race ⁷ <input type="checkbox"/> Multi-Racial ⁸ <input type="checkbox"/> Unknown ⁰	
Child #3 First Name:	Birthdate:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender	<input type="checkbox"/> American Indian, Alaskan Native ¹ <input type="checkbox"/> Asian, Asian-American, S. Asian ² <input type="checkbox"/> Black, African-American, Other African ³ <input type="checkbox"/> Native Hawaiian or Pacific Islander ⁴
Last Name:	/ /	<input type="checkbox"/> White or Caucasian ⁶ <input type="checkbox"/> Other Race ⁷ <input type="checkbox"/> Multi-Racial ⁸ <input type="checkbox"/> Unknown ⁰	
Address:			Office Use
Street: _____		City: _____	ZIP Code: _____
Phone: _____			<input type="checkbox"/> City of MV <input type="checkbox"/> TSD <input type="checkbox"/> Unincorp. KC <input type="checkbox"/> Other City <input type="checkbox"/> Other County
Cell Phone: _____			
Email: _____			
Emergency Contact: First/Last Name			
Emergency Contact: First/Last Name		Emergency Telephone:	Relationship to Participant:
<p><i>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.</i></p>			
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: _____*

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 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.