

KEYPORT SENIOR CENTER – PARTICIPANT REGISTRATION FORM (2023 2024 2025 2026)

110 2ND STREET - KEYPORT, NEW JERSEY 07735 - Phone: 732-264-4916 Fax: 732-264-8552

(OFFICE USE ONLY) (ORIGINAL DATE OF MEMBERSHIP) MONTH / DAY / YEAR ____/____/____		DIRECTOR/STAFF ____/____		MEMBERSHIP NUMBER RESIDENT _____ NON-RESIDENT _____	
EMAIL: _____					
LAST NAME		FIRST NAME		MIDDLE INITIAL	SEX: M – MALE F – FEMALE
ADDRESS			APT.# / FLOOR		DATE OF BIRTH
CITY		STATE NJ	ZIP CODE	HOME PHONE NUMBER	CELL PHONE NUMBER
MARITAL STATUS 1. Married 5. Separated 2. Never Married 6. Divorced 3. Widowed 7. Unknown 4. Single		RACE/ETHNICITY 1. White 5. Native American 2. Black 6. Other 3. Hispanic 7. Unknown 4. Asian		INDIVIDUAL INCOME LEVEL 1. Below \$12,880(LI) 6. \$23,828 (185%) 2. \$14,168 (110%) 7. \$25,760 (200%) 3. \$16,100 (125%) 8. \$38,769 (PAAD) 4. \$19,320 (150%) 9. \$38,769-\$48,769 5. \$22,540 (175%) (Senior Gold)	
PROOF OF RESIDENCY: 2) LICENSE (PLEASE CIRCLE ONE) 3) BANK STATEMENT 1) UTILITY BILL 4) OTHER _____			FRAIL/DISABLED: Y = YES N = NO U= UNKNOWN VULNERABLE/ISOLATED: Y= YES N= NO U= UNKNOWN		
BELOW POVERTY: Y = YES N = NO U = UNKNOWN	LIVES WITH: (Circle all that apply) 1. Alone 4. Relatives 2. Spouse Only 5. Non-Relatives. 3. Spouse & Others 6. Not Available		NUMBER IN HOUSEHOLD (enter 0 if unknown)	IS PRIMARY LANGUAGE ENGLISH: YES/NO If “no” what language?	
FUNCTIONAL LIMITATIONS (Circle all that apply) 1. None 4. Speech 7. Other 2. Walking 5. Hearing 3. Vision 6. Unknown		PROSTHETIC DEVICES (Circle all that apply) 1. None 4. Walker/Cane 2. Hearing Aid 5. Wheel Chair 3. Dentures 6. Glasses 7. Other		PRIMARY TRANSPORTATION 1. Own Car 4. Relative/Friend 2. Pub. Trans. 5. Other 3. SR Trans. 6. Unknown NUMBER OF LIVING CHILDREN: <input style="width: 40px; height: 20px;" type="text"/>	
UNDER 60 - MEMBER AS: 1. Spouse 4. Staff 2. Handicap 5. Guest 3. Volunteer 6. Unknown		ENROLLMENT/ENTITLEMENTS (Circle all that apply) 1. Medicaid 5. Food Stamp 2. Medicare 6. Veteran’s Pension 3. Social Security 7. Private Health Ins. 4. SSI 8. Other		REFERRAL SOURCE: 1. Self 2. Public Agency 3. Rel./Friend/Neighbor 4. Newsletter/Other 5. Unknown 6. Facebook	
NON-RESIDENT Fee For Year \$100 DATE PAID: 2023 ____ 2024 ____ 2025 ____ 2026 ____		I, _____ hereby authorize Keyport Senior Center to release the information on the attached form to the Monmouth County Office on Aging. I understand that the information will be used for the purpose of preparing statistical reports only and will not be otherwise released to agencies, organizations, and/or individuals without my knowledge and consent. This authorization remains in force indefinitely unless expressly cancelled by me.			
PLEASE MAKE CHECK PAYABLE TO THE BOROUGH OF KEYPORT					

KEYPORT SENIOR CENTER

110 Second Street

Keyport, New Jersey 07735

Phone: 732-264-4916 Fax: 732-264-8552

Email: Madeline Costello- mcostello@keyportonline.com Sofie Clark- sclark@keyportonline.com

PERSONAL MEDICAL INFORMATION FORM

NAME: _____

DOCTOR/CLINIC: _____ **PHONE:** _____

INSURANCE NAME: _____

HOSPITAL PREFERRED: _____ **ALLERGIC TO MEDICATIONS LIST:** _____

ALLERGIES: _____

MEDICATIONS: _____

CONSENT FORM: I give my consent to the Physician and Hospital to do whatever is deemed necessary to insure the safety of the person named above _____ (Initial)

Is there anything special about your health status we should know? (For example, are you diabetic or do you have a heart or lung problem?) _____

IN CASE OF AN EMERGENCY, CALL:

NAME: _____ NAME: _____

DAYTIME PHONE: _____ DAYTIME PHONE: _____

EVENING PHONE: _____ EVENING PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

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LAST NAME: _____ **FIRST NAME:** _____ **DATE:** _____

INFORMATION SHEET

1. WHAT ARE YOU INTERESTED IN:

EXAMPLES: CARDS, DANCE, GAMES, TRIPS, ART, DISCUSSION GROUPS, EXERCISE, CHORUS, ETC.

2. WHAT PROGRAMS WILL YOU TAKE PART IN?

3. WOULD YOU LIKE TO VOLUNTEER? _____

4. WHAT WAS YOUR OCCUPATION?

5. DO YOU HAVE HOBBIES/SKILLS? _____

6. DO YOU NEED TRANSPORTATION? _____

7. DO YOU HAVE ANY LIMITATIONS: _____

NAME: _____

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MEDICAL RELEASE FORM

I hereby release, waive and agree to hold harmless the Borough of Keyport, its employees, contractors, associates, departments or other entities or individuals representing the same, with regard to any accidents, illness or personal injury I may suffer, which might result from my participation in any activity or program listed below offered by the Borough of Keyport. I am aware that it is my responsibility to check with my doctor before beginning any type of activity offered by the Borough of Keyport. The Borough of Keyport has advised me that a physician's approval is strongly recommended prior to beginning any exercise program that is offered by the Keyport Senior Center. I acknowledge I have no mental or physical condition that might compromise my ability to participate in the activities which have not been disclosed to the Borough of Keyport and I am fully capable of participating in these activities without causing harm to myself or others.

PLEASE CHECK EACH PROGRAM THAT YOU WILL BE ATTENDING:

BUILDING STRENGTH

GENTLE FITNESS

MOVE TO THE GROOVE

BODIES IN MOTION

GENTLE STRENGTH

TAI-CHI QIGONG BALL

CHAIR YOGA

LINE DANCING

TABLE TENNIS

OTHER

TIP TOE TAP

ZUMBA

(PLEASE SPECIFY)-_____

BY SIGNING AND DATING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ, VOLUNTARILY SIGNED THIS DOCUMENT AND UNDERSTOOD THE ABOVE INFORMATION.

NAME _____ **DATE** _____

TRIPS AND PARTY POLICIES

(Please Note Effective January 2023 All NON-MEMBERS Must

Pay An Additional \$5.00 On All Trips And Parties)

REFUNDS:

In order to receive a refund, you must keep your **original** (WHITE COPY) trip/party receipts. If you do not receive a receipt, please ask for one! **To receive a refund you must bring your original receipt to the office.** Please note: you are entitled to a refund if you cancel a trip/party **before the final due date and within 3 months of the trip or you will forfeit your money.**

The Borough will mail you a refund

If you are unable to attend a trip/party please call the Center immediately. Someone may be on a waiting list and may be delighted to take your place, in which case, you will receive a refund! Please **do not give or sell** your seat/ticket on your own - check with the Center office first.

TRANSFERS: We can transfer funds one time only from one trip to another. We can do a transfer if we (The Senior Center) have to cancel the trip in which case we will either transfer your funds to another trip or party or refund your money.

TRAVEL TIME: All returning time for trips/parties are approximate due to weather and/or traffic conditions.

TRIP PICK-UP: We pick up at the Senior Center (for trips other than Atlantic City), Fireman's Municipal Parking Lot on West Front Street, Bethany Manor on Broad Street, and The Keyport Oyster Bay Apartments on Beers Street for all our **Charter bus trips.** **Always let the staff know where you plan to pick-up the bus**

PARTY POLICIES

PARTY PICK-UP:

When you sign up for a Party please be sure to let us know if you need transportation. If you are eligible, we will arrange to have our bus pick you up. However, if you change your mind please let us know, as seating is limited on the bus, and someone else will be able to take your seat and attend the party.

GROUP TABLE RESERVATIONS:

If you want to reserve a table for a party, please fill out our table reservation form. ***No one can reserve a seat unless he/she has paid.** *It is the **responsibility of the person submitting the reservation list** to make sure all parties have **paid**, or the table form will not be accepted. Generally, **8, 10, or 12 people are at a table.**

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION