

NELSON SENIOR & COMMUNITY CENTER

120 Mansfield Ave Norton, MA 02766

MY SENIOR CENTER (MSC) DATABASE REGISTRATION FORM

FIRST NAME _____

NICKNAME _____ MI _____

LAST NAME _____

DATE OF BIRTH _____

HOME PHONE _____

CELL PHONE _____

ADDRESS _____

PO BOX _____

ADDRESS _____

TOWN _____, MA

ZIP CODE _____

EMAIL _____

You will receive an email copy of our newsletter if you provide us with an email address. Printed copies of the newsletter will be mailed to all senior Norton residents automatically.

EMERGENCY INFO

EMERGENCY CONTACT _____

RELATIONSHIP _____

PHONE _____

DEMOGRAPHIC INFO

ETHNICITY African American Asian American Caucasian Hispanic Native American

GENDER MALE FEMALE (circle one)

PRIMARY LANGUAGE English or _____

ARE YOU HEAD OF HOUSEHOLD? YES NO

DO YOU LIVE ALONE? YES NO

ARE YOU DISABLED? YES NO DISABILITY _____

ARE YOU A VETERAN? YES NO BRANCH OF SERVICE _____

SURVIVING SPOUSE OF A VETERAN? YES NO BRANCH OF SERVICE _____

STAFF ONLY SECTION

CARD # _____

DATE: _____

Staff/Volunteer: _____

Into MSC _____