

**Program:** Senior Programs

**Date:** \_\_\_\_\_

**Participant's Name** \_\_\_\_\_ **Sex** \_\_\_\_\_  
 Last Name First Name MI

Date of birth: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Address \_\_\_\_\_  
 Street Name & Number

\_\_\_\_\_ City / State / Zip code

Email \_\_\_\_\_

**MEDICAL INFORMATION:**

Please list any current health problems/conditions \_\_\_\_\_

Please list any medications being taken \_\_\_\_\_

Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy/Membership No. \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**\*\*Payment of registration fees by credit card will be assessed a 3% merchant fee.**



Palama Settlement is a member of the Aloha United Way. The following information is voluntary and allows us to provide AUW with accurate information.

*Please indicate which complex if you are a housing resident.*

Mayor Wright     Kaahumanu  
 KPT     Kamehameha     Kukui Gardens  
 Kauluwela I     Kauluwela III     Kalihi Valley  
 Puahala (Lanakila)  
 Other: \_\_\_\_\_

*Ethnic Background*

African Am.     Amer. Indian     Caucasian  
 Chinese     Filipino     Hawaiian  
 Hispanic     Japanese     Korean  
 Pac. Islander     Part Haw'n     Samoan  
 Vietnamese/Laotian     Tongan  
 Other: \_\_\_\_\_

**OFFICE USE ONLY:**

Paid by \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_