



Participant and Caregiver Registration Form

Welcome to LIFE a Dementia Friendly Community Foundation

Date: _____

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: _____

Email Address: _____ Date of Birth: _____

Name of Caregiver: _____ Gender: M or F

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: _____

Email Address: _____ Date of Birth: _____

Caregiver: Which best describes you:

Spouse/Partner

Family member (Please identify relationship) _____

Friend

Paid Caregiver (Agency) _____

Other _____

How did you hear about LIFE? _____

The Life Program is designed to provide Education and Engagement, by signing below you understand that you must remain on the property while the participant is in the building. _____ Initial

The Participant must be independent in feeding, toileting, and getting from one destination to another. Persons with violent tendencies will be dismissed from the program. _____ Initial.

Print Name: _____

Sign Name: _____