

**Welcome to the 2019 School for the Second Half of Life**

*This information will help us tailor the School’s curriculum to match the needs of our participants****.***

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: 40-50\_\_\_\_\_\_ 51 – 60\_\_\_\_\_\_ 61 – 70\_\_\_\_\_\_\_ 71 – 80 \_\_\_\_\_\_ 80+ \_\_\_\_\_\_

I am currently working: \_\_\_\_\_\_\_\_\_\_ (Y/N)

I am anticipating retirement in the next \_\_\_\_\_ years

I have been retired for \_\_\_\_\_\_\_ years

**What attracts you to the School**?

**What benefits do you expect from your participation**?

**Do you have any concerns about the School**?

Have you participated in **other programming** relevant to the Second Half of Life? What were those programs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Comments on what was valued, and what could have been improved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are currently a member of a faith community, please name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What practices enrich your life and help you to navigate your stage in life?**

**Anything else** you would like to comment on, or tell us about yourself:

**I intend to use overnight lodging** on the weekends the School meets. Friday night \_\_\_\_\_\_\_\_

Saturday night \_\_\_\_\_\_\_ Both Friday & Saturday nights \_\_\_\_\_\_\_

I am eligible for the $25 “Buddy Discount.” ($25 off per semester for both parties)\_\_\_\_\_\_\_\_\_\_.

The **name of my “buddy**” participant is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will need **scholarship** in the amount of $\_\_\_\_\_\_\_\_\_\_ per semester.

I will need to work out a **payment plan** \_\_\_\_\_\_\_\_\_\_. $150 payments, due 1/2/2019; 2/1; 3/1; 4/1, 5/1/2019 for the first of three semesters.

**Your Signature & the Date**:

**Mail to**: Rosemary Jones, Guest Services,

Mercy By The Sea, 167 Neck Rd., Madison, CT 06443

**Please enclose your check (payable to “Mercy Center” or write your credit card information below**:

Name as it appears on your card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code on back \_\_\_\_\_