

Registration Form

Today's Date: _____

Mom's Name _____

Husband's Name (if applicable) _____

Street Address _____

City _____ Phone _____ Cell _____

Email _____

Mom's Birthday _____ Anniversary _____

Church you attend (if applicable) _____

I have been in a mom's group before.

If so, what/where _____

This is my first time in a mom's group.

I am interested in helping with MOMS. Please get me information about:

___ Hospitality ___ Childcare Coord. ___ Finance ___ Communication

___ Creative Activities ___ Prayer & Care ___ Outings ___ Admin.

Please list all of the children in your family (*use the reverse side if needed*).

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

*Please include all of your children and place an * next to any child(ren) you will register in our child-care program.*

A \$20 per semester registration fee is due at the first meeting you attend.

We also ask for a suggested donation of \$1.50 per child per meeting to help defray the cost of childcare. **Please make checks payable to Heritage Church (write MOMS Group in the memo please).** We look forward to having you join the Heritage MOMS Group!