



MOMS Registration Form

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 contact me with more information about:
Hospitality Child-care Coordination Finance
Creative Activities Prayer Small Group Leadership

Please list all the children in your family.
Name Birth date
Name Birth date
Name Birth date
Name Birth date
Name Birth date

Please include all your children, even if you are not bringing them to our child-care. Place a \* next to any child(ren) you will register in the child-care program.