

Registration Form

Welcome to M.O.M.S.! Please complete this form so that we can get acquainted with you.

*Please note: this information will be included in the MOMS Directory, which is available to all MOMS participants.

Last name: _____ First name: _____

Address: _____ City: _____ State: ____ Zip _____

Phone : (Cell) _____ (home) _____ E-mail: _____

Bday: _____ Anniversary: _____ Best way to contact you: phone ____ email ____ text ____

Please list your child(ren)'s names & birthdates (more room on back) and whether they will be in M.O.M.S. childcare which is provided for infants through Pre-K, plus a supervised classroom for your homeschooled child. *Preschool age is 3 (as of September) through Pre-K.**

Name	Birthdate	<u>Childcare</u>			Age	Allergies
		Nursery 2 & under	* Pre School	Home School		

**Please fill out Child Consent Form for each child needing care as well

Husband's name (if applicable): _____

Special interests or hobbies you have: _____

Is this your first time to attend M.O.M.S. ministry? Yes ____ No ____

Do you attend church? Yes ____ No ____ If so, where? _____

How did you hear about M.O.M.S.? Friend _____ Newspaper _____

Brochure _____ Church Announcement _____ Social Media _____ Other? _____

For leadership team use only: Date received: _____ Group assigned: _____