

Ministry Of Mothers Sharing (M.O.M.S.) Registration Form

Complete and return along with registration fee by Jan 30, 2010

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Session Dates: Feb 9, 16, 23, Mar 2, 9, 16, 23, 30 Times: Tuesdays, 6:30-8:30p.m
Location: Blessed Sacrament Registration Fee: \$25

Date: ___/___/___

Name:

Last First MI

Address:

& Street City State Zip

Phone: Hm _____ Wk _____

Email: _____

DOB: ___/___/___ Employer: _____ OK to call work? Yes No

Children – names & ages:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Church where you are registered: _____

How long have you lived here? _____ Do you have family here? Yes No

Why are you interested in M.O.M.S.? Circle all that apply.

Intellectual Spiritual Psychological/Emotional Social

Other – please be specific:

What are your expectations about M.O.M.S.?

Will your child(ren) need care during the sessions? Yes No (Does not apply to evening sessions)

Name: _____ Age: _____ Special Needs: _____

Name: _____ Age: _____ Special Needs: _____

Name: _____ Age: _____ Special Needs: _____

Office Use Only:

Date Received: _____ Date Paid: _____ Amount Paid: _____