

Date: \_\_\_\_\_  
Amount paid: \_\_\_\_\_

# MOMs Registration Form 2017/2018

Welcome to MOMs! Please complete this form so that we can learn some basic information from you.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Birthday (m/d) \_\_\_\_\_

**Email is our primary source of correspondence, so please make sure to provide an email address.**

Marital Status: (circle current status) Married Divorced Single Widow

If married, husband's name \_\_\_\_\_ Anniversary (m/d/y) \_\_\_\_\_

Are you pregnant? Yes  No  If yes, due date \_\_\_\_\_

Do you attend a church? Yes  No  If yes, where? \_\_\_\_\_

## Child Registration Form

To respect the other moms in the group, we ask that all children be taken to the childcare department and not brought into the MOM's meeting room during meeting times. You will be provided with a pager so they can contact you for any needs. You are also welcome to check on your children at any time during the meeting.

● Child's Name \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_ M/F

Comments/Allergies/Special Needs \_\_\_\_\_

● Child's Name \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_ M/F

Comments/Allergies/Special Needs \_\_\_\_\_

● Child's Name \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_ M/F

Comments/Allergies/Special Needs \_\_\_\_\_

Pediatrician Name & Phone Number \_\_\_\_\_

### Other children not enrolling in our children's program:

● Child's Name \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_ M/F

● Child's Name \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_ M/F

● Child's Name \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_ M/F

● Child's Name \_\_\_\_\_ Birthday (m/d/y) \_\_\_\_\_ M/F

### Emergency Contacts:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Fees are \$50 for the program and FREE childcare. Payment is needed to reserve childcare.