

Ministry of Mothers Sharing (MOMS) Registration Form

Date _____

Name _____

Address _____

E Mail _____ Phone _____

Employer _____

Full Time Homemaker? Yes No

Children (names and ages) _____

Registered at this church? Yes No

How long have you lived in this community? _____

Do you have family here? Yes No

Have you ever joined any other fellowship/support group? Yes No

If yes, name group and state the benefits received _____

Why are you interested in this group? (Check those that apply)

_____ Intellectual _____ Social _____ Psychological/Emotional

_____ Spiritual _____ Other (Please be specific) _____

What personal talents or skills could you bring to this group? (music, good listener, etc.)

What are your expectations about this group? _____

What do you need from the persons in leadership? _____

Will your child need care during the sessions? Yes No

Name _____ Age _____ Special Needs _____

Name _____ Age _____ Special Needs _____

Name _____ Age _____ Special Needs _____

Future Participation

I am unable to commit to the MOMS ministry at this time. I am interested in participating in a future _____ morning _____ evening session.

Office use only

Date received _____ Amount _____ Paid _____ Scholarship _____

M.S