

Moms, Inc Registration

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

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone #: _____ Email: _____

FaceBook Name: _____

Birthday: _____ Anniversary: _____ Husband's name (if applicable): _____

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

How did you hear about Moms, Inc? _____

Please list the names and birth dates for any children you will bring for childcare during the meetings.

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Please list any allergies your child(ren) may have:

Name: _____ Allergies: _____

Name: _____ Allergies: _____

Name: _____ Allergies: _____

Name: _____ Allergies: _____

Name: _____ Allergies: _____

A fee of \$5 per meeting is requested for meetings at CCF to cover the costs of supplies for moms & kids. This fee can be paid per meeting or in a single payment each semester. Scholarship Request forms are available to any mom who desires to attend, but is unable to pay the fee. Please do not let finances stop you from joining with us.