



# Ministry of Mothers Sharing Registration Form Fall 2015

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_ Age \_\_\_\_\_  
Home Other

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Full-Time Homemaker? Yes No

Level of Education: \_\_\_\_\_

Children (names & ages) \_\_\_\_\_

Are you a member of St. Paul's? Yes No

How long have you lived in the area? \_\_\_\_\_ Do you have any family in the area? Yes No

Have you ever joined a support group before? Yes No

If yes, please list group name \_\_\_\_\_

Please share why you are interested in this group (circle all that apply):

Intellectual Spiritual Psychological/Emotional  
Social Other (please be specific) \_\_\_\_\_

What personal talents do you bring to this group? \_\_\_\_\_

What are your expectations for this group? \_\_\_\_\_

What do you need from the persons in leadership? \_\_\_\_\_

Will you need childcare during this session? Yes No

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Special Needs \_\_\_\_\_

This registration is for the \_\_\_\_\_ Traditional MOMS Course (\$30 registration fee)  
\_\_\_\_\_ MOMS of Tweens and Teens Course (\$35 registration fee,  
or \$15 if you already own MOMS: A Personal Journal)