



Ministry of Mothers Sharing Registration Form Spring 2016

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 _____

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This registration is for the _____ Traditional MOMS Course (\$30 registration fee)