

# MINISTRY OF MOTHERS SHARING (MOMS)

## Registration Form

Date \_\_\_\_\_

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

Address \_\_\_\_\_  
*Number & Street City State Zip*

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Age \_\_\_\_\_

**Full-Time Homemaker? YES NO**

Children (names and ages) \_\_\_\_\_

Level of Education (Check One)

Grade School

High School

College

Advanced Degree(s): \_\_\_\_\_

**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 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

Spiritual

Psychological/Emotional

Social

Other (please be specific) \_\_\_\_\_

**What personal talents or skills do you bring to this group? (e.g. music, crafts, good listener)**

**What are your expectations about this group?** \_\_\_\_\_

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

**Will you need childcare during the sessions? YES NO**

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

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

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

*(Return form and \$30 registration fee to the parish office, payable to SJE, by **January 24th** )*