

Moms Group Enrollment Form

Date: _____

Name: _____ Moved from: _____

Address: _____ In Canton since: _____

City: _____ Zip: _____ At STAB since: _____

Phone: _____

E-mail: _____

Subdivision you live in: _____

Spouse's name: _____

Child's(ren's) name(s) & birth month/year and school attending:

_____	_____
_____	_____
_____	_____

List all the cities/states in which you have lived:

_____	_____
_____	_____

Hobbies/Interests: _____

College(s) Attended (if applicable): _____

Do you work (other than the full-time "Mom Job"): Yes or No: _____

If yes, what do you do?: _____ Full time or Part time: _____

Please indicate why you decided to join the Moms Group: _____

Interested in participating in: (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Meeting Food Organization |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Mom Prom |
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Moms Retreat |
| <input type="checkbox"/> Childcare Committee | <input type="checkbox"/> Mom-to-Mom Sale |
| <input type="checkbox"/> Creative Excursions | <input type="checkbox"/> Prayer Partners |
| <input type="checkbox"/> Crafts Committee | <input type="checkbox"/> Playgroups |
| <input type="checkbox"/> Family Fun Committee | <input type="checkbox"/> Technology Committee |
| <input type="checkbox"/> Kids Club Committee | <input type="checkbox"/> Welcoming Committee |
| <input type="checkbox"/> Meal Ministry | |

Please indicate if you would like to help chair a certain committee: _____

Comments: _____
