



**2018-2019 Registration Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Have you attended a Moms group before?** Yes \_\_\_ No \_\_\_ **If yes, where?**

\_\_\_\_\_

**Home church (if applicable):**

\_\_\_\_\_

**How did you hear about Moms Connect?**

\_\_\_\_\_

**Please list your child(ren)'s name(s) and birth date(s):**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Our annual group fee is \$80 per mom, which includes 9 meetings, childcare, refreshments, and a variety of group materials. If you are joining midway through the year, the fee is prorated by month.*

***Please include your \$80 payment when submitting your registration form.***

**Please drop-off this form, along with any child registration forms, and \$80 cash or check (payable to Good Shepherd Lutheran Church) to the Church or School Office, or mail to:**

Good Shepherd Lutheran Church  
Attn: Kelsey Tichenor  
195 Nesler Rd.  
Elgin, IL 60124

