

Ministry of Mothers Sharing (MOMS) Registration Form

Date _____

Name _____

Address _____

Phone (Home) _____ (Work/Cell) _____ Age _____

Employer _____ Email _____

Full-Time Homemaker? Yes No

Children (names and ages) _____

Level of Education (Check One)

Grade School High School College (degree) _____

Advanced Degree _____

Registered at St. Matthew Parish? Yes No

When were you baptized (year)? _____

How much formal education have you had in the Catholic faith (e.g. Catholic grade school, high school, etc.)? _____

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 do you need from the persons in leadership? _____

Will your child need care during the sessions? Yes No

Name _____ Age _____ Special Needs _____

Name _____ Age _____ Special Needs _____

Mail completed forms and \$48 registration fee to Amy Rodriguez, 2737 Cotton Planter Ln, Chlt, NC 28270