



# REGISTRATION FORM 2017-18

Registration Fees: \$40 per semester \$80 per year \$50 per year (no childcare needed)



## MOM'S INFORMATION (please print neatly)

Birthday (MM/DD) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_



## CHILDREN NEEDING CHILDCARE (please print neatly)

### 1st Child

Birthday (MM/DD/YY) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Circle One: Male Female

List any medical concerns, medications, allergies and/or special attention your child might require:

### 2nd Child

Birthday (MM/DD/YY) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Circle One: Male Female

List any medical concerns, medications, allergies and/or special attention your child might require:

### 3rd Child

Birthday (MM/DD/YY) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Circle One: Male Female

List any medical concerns, medications, allergies and/or special attention your child might require:



## PHOTO PERMISSION

Do you give permission for you/your child's photos to be included on our private Facebook page and/or other marketing materials, etc.? Circle one: yes no



## EMERGENCY CONTACT

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_



SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_



?? Questions: Heidi Rourke mom2mom@yourlifechurch.org #503.267.1891

<b>Mom2Mom Team use only</b>		Table: _____
Payment:	\$_____ 1 2 y Cash Check #_____ Card Online Scholarship	
Entered:	Fellowship 1 Spreadsheet	Childcare: _____