

Mom to Mom

2007-2008 Children's Ministry Registration

Child's Last Name: _____

First Name: _____ Nickname: _____

Child's Birth date: ___/___/___ Present Age: ___

Sex: ___

Child's pre-school experience: _____

Allergies: _____

Special needs (physical/ learning) _____

Mother's Full Name: _____

Phone: (____) ____-____

Pls fill out **1** form per child being registered. *Thank you!*

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