



2011—2012 Registration Form
Bethel EFC

Welcome! Please complete this form so that we can learn a little more about you. Space is limited and registrations are accepted on a first come, first serve basis according to space available in our childcare program.

Last Name: _____ First Name: _____ M.I.: _____
Home Phone: _____ Work/Cell phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Birthday: _____ Email: _____

Do you attend a church? Yes No If so, Where? _____

How did you hear about this group? _____

Please list ALL of your children's name and birthdates and **check the box *if*** they will be attending Exhale with you.

- Name: _____ Date of birth: _____
- Name: _____ Date of birth: _____
- Name: _____ Date of birth: _____
- Name: _____ Date of birth: _____

Husband's Name (if applicable): _____ Anniversary: _____

Please initial if you would like to have your name, phone number, address, and email published in a directory. If you do not initial, your information will not be given to anyone without your consent. _____

Please provide the names of 2 moms that you would like to be in a Discussion Group with:

This is not a guarantee, we will do our best to place you with one of the names provided.

Do you have any interest in being: Discussion Group Leader Leadership Team member

Please list someone you would recommend to be a Mentor Mom:

For Exhale leadership only:

Date Registration received: _____

Registration Paid: _____

Discussion Group Assigned: _____