



**Registration Form Group:**

**Year:**

LILY Moms Group Use Only:

Paid? \_\_\_\_\_ Cash or Check: \_\_\_\_\_  
 Date of Registration: \_\_\_\_\_ How many Little Lilies & Buds? \_\_\_\_\_  
 Discussion Group Assigned: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Work/Other: \_\_\_\_\_

Husband's name (if applicable): \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

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

Have you attended a faith-based moms group before? Like MOPS, for example?  Yes  No

If so, where? \_\_\_\_\_

Do you attend a church? \_\_\_\_\_ If so, where? \_\_\_\_\_

How did you hear about our LILY Moms group? \_\_\_\_\_

Please list your child(ren)'s name(s) and birthdate(s):

Name:	DOB:	Male or Female	Need Childcare? Yes or No
Name:	DOB:	Male or Female	Need Childcare? Yes or No
Name:	DOB:	Male or Female	Need Childcare? Yes or No
Name:	DOB:	Male or Female	Need Childcare? Yes or No

Any special needs or food allergies for the children? \_\_\_\_\_

Does father live at home?  Yes  No If pregnant, due date: \_\_\_\_\_

Family Doctor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_