

**CHURCH OF THE LITTLE FLOWER MOMS GROUP**  
**REGISTRATION FORM FOR SEPTEMBER 2011-2012**

**WELCOME TO THE CHURCH OF THE LITTLE FLOWER MOMS GROUP!**  
**PLEASE COMPLETE THIS FORM SO WE CAN LEARN SOME BASIC**  
**INFORMATION ABOUT YOU.**

**LAST NAME:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**PLEASE LIST YOUR CHILD(REN)'S NAMES AND BIRTH DATES:**

**NAME**                      **DATE OF BIRTH**      **CHILDCARE NEEDED y/n/maybe**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HUSBAND'S NAME: (IF APPLICABLE)** \_\_\_\_\_ **ANNIVERSARY:** \_\_\_\_\_

**PLEASE MAIL FORM AND CHECK FOR \$15.00 REGISTRATION FEE PAYABLE TO**  
**LITTLE FLOWER CHURCH:**

**Little Flower Church**  
**Attn: MOMS Group**  
**110 Roosevelt Avenue**  
**Berkeley Heights, NJ 07922**

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**FOR GROUP LEADERS ONLY**

**Date Registration Received:** \_\_\_\_\_

**Registration Fee Paid:** \_\_\_\_\_

**Registration Fee Attached: Cash:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Number:** \_\_\_\_\_