Spring 2010 Registration
Ministry of Mothers Sharing (MOMS)
St. Patrick Catholic Community

❶ Please Select the session you wish to join: **Registration is open until full or by February 17!**

☐ **MOMS 101 Wed. Mornings**, **9:30-11:30am at St. Patrick's on these dates: February 24, March 3, 17, 24, April 7, 14, 21. The MOMS Spring Celebration Dinner is planned for April 30 from 6:00-9:00pm.** Childcare offered for a small fee.

☐ **MOMS 101 Wed. Evenings**, **6:30-9:00pm at St. Patrick's on these dates: February 24, March 3, 17, 24, April 7, 14, 21. The MOMS Spring Celebration Dinner is planned for April 30 from 6:00-9:00pm.**

❷ Please Complete the following:

Name _____ Age _____
Last First Middle Initial

Address _____
City, State, Zip

Home Phone _____ Work/Cell Phone _____

*E-mail _____ (*required, if unavailable please specify phone contact preference)

☐Full-time mother at home ☐Employed outside home; Employer_____

Are you registered at St. Patrick's? ☐Yes ☐No

How long have you lived in the community? _____

❸ Tell us about your children: (Name, Age, etc.)

❹ Background information:

Do you have family here? ☐Yes ☐No

Have you ever joined any other support group? ☐Yes ☐No

If yes, name the group and state the benefits received: _____

_____

Why are you interested in MOMS 101? (Check all that apply)

☐ Intellectual ☐ Spiritual ☐ Social ☐ Psychological/Emotional

☐Other _____

What personal talents or skills do you bring to the group? (e.g., music, crafts, good listener, etc.)

_____

What are your expectations about this group? _____

_____

What do you need from the persons in leadership? _____

_____

❺ Please pre-register for MOMS 101 ASAP by completing this form and including a check for $48 payable to St. Patrick Catholic Church to:

Maria Taravella
7255 E. Whistling Wind Way, Scottsdale, AZ 85255

*For questions or information call Jennifer Keenen at 480-452-3716

❻ You will receive an email or phone confirmation with instructions. Prior to the first session, plan to pick-up your book and complete the first chapter.

Office use only:
Date received:_____ Amount: _____ Paid: _____ Scholarship: _____
Gmail