



NFC Moms 2015-2016
Registration Form
Come Celebrate Motherhood With Us!

Returning Mom: _____ New Mom: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Birthday (Day/Month): _____ Parish: _____

Parish: _____

Ages of children: _____

Do you need Child Care/Angel-Sitting during our monthly meeting?

____ *Yes, probably every week ____ *Yes, occasionally ____ No
*(Be sure to register for child care early)

Are you interested in being on the Planning/Leadership Team?

____ Yes ____ No ____ Maybe

Are you interested in play dates?

____ Yes ____ No ____ Maybe

Registration Fee: \$10.

____ Paying cash

____ Paying by check # _____ (payable to St. Vincent De Paul Church)

____ I need assistance (this is confidential)

Mail to: St. Vincent De Paul (attn. NFC Moms Group) 2748 Military Road, NF 14304

Questions: contact us at NFCatholicMoms@gmail.com.