



THE MOMCO

# REGISTRATION

FORM 2024-2025

Welcome! Please Complete This Form So We Can Learn About You.

CONTACT INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

MOMCO INFO

Have you attended a MomCo Meetup before? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

Are you already registered for the MomCo Membership? ☐ Yes ☐ No

Home church (if applicable): \_\_\_\_\_

How did you hear about this MomCo Meetup? \_\_\_\_\_

FAMILY INFO

*Please list your child(ren)'s name(s) and birthdate(s): \*Use back if necessary.*

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

Date of Birth: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Husband's Name (if applicable): \_\_\_\_\_

## MEMBERSHIP

**MomCo Membership — \$37**

Group Fee ..... \$ \_\_\_\_\_

Discount ..... \$ \_\_\_\_\_

TOTAL : ..... \$ \_\_\_\_\_

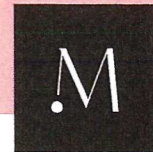
FOR GROUP USE ONLY

Name of MomCo Group: \_\_\_\_\_

Discussion Group Assigned: \_\_\_\_\_

Date Registered for MomCo Membership: \_\_\_\_\_

# KIDSCO REGISTRATION



THE MOMCO

We love MomCo Kids! Our goal is take excellent care of them while you enjoy your time with other moms. We will engage with stories, songs, and age-appropriate play. Help us get to know you and your child! You can update your information at any time – just talk to your KidsCo leader.

CHILD'S INFO	Child's Last Name:
	Child's First Name:
	Child's Birthdate:

PARENTS' INFO	Mom's Full Name:	
	Mom's Cell Number:	Mom's Birthday:
	Father's Full Name:	
	Father's Cell Number:	Father's Birthday:
	Other Phone Number:	
	Email Address:	
	Address:	

Who has permission to pick up your child(ren) from KidsCo?

	<b>Person 1</b>	<b>Person 2</b>
Name:		
Relationship:		
Phone Number:		

## ADDITIONAL EMERGENCY CONTACTS:

	<b>Person 1</b>	<b>Person 2</b>
Name:		
Relationship:		
Phone Number:		

- 1 Special needs or instructions:
- 2 Allergies:
- 3 Other Siblings names:
- 4 Favorite toys, songs, games, snacks, etc:
- 5 What else would you like us to know about you, your child or your family?

**FOR KIDSCO LEADER USE:**

**KidsCo Room Assignment:**