



IMMANUEL Bible Church

K12 Moms Membership Registration Form

Welcome to K12 Moms! **Please print clearly!**

Today's Date: ____/____/____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Alternate Phone: _____

Email: _____ Birthday: ____/____/____

Husband's Name (if applicable): _____

Home church (if applicable): _____

How did you hear about our K12 Moms group? _____

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

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Membership Fee Total **\$12.50**

Scholarships are available. Please contact us for more info.

Make checks payable to Immanuel Bible Church

5433 N Center Rd • Saginaw MI 48604

www.ibcsaginaw.org/k12-moms/

Email: k12moms@ibcsaginaw.org

FOR ADMINISTRATIVE USE ONLY

Date registration received: _____

Registration Paid by: Cash or Check (check # _____)