



# Membership Registration Form **PreK MOMS PM** 2018/19

Welcome! Please complete this form so we can learn some basic information about you.

**Please print clearly!**

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

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

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

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

*Please note that no childcare is provided for the PreK Moms PM group.*

**Name:** \_\_\_\_\_ M F **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Name:** \_\_\_\_\_ M F **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Fee Total .....\$12.50**

**Make Checks Payable to Immanuel Bible Church**  
5433 N Center Rd Saginaw MI 48604  
immanuelbiblechurchsaginaw.org/prek-moms-pm/  
**Email:** prekmomsPM@ibcsaginaw.org

<b>For Leadership Team Use Only</b>
Date registration received:
Discussion Group assigned: