



PreK MOMS AM Membership Registration Form
2018/2019

Welcome! Please print clearly!

Last Name: First Name:

Cell Phone: Cell Phone Provider:
(Your cell phone info enables us to include you in a group text in case of a meeting cancellation due to weather.)

Address:

City: State: Zip code:

Email: Birthday:

Husband's Name (if applicable):

Home church (if applicable):

YOUR CHILDREN: Please provide info for each of your children.

Childcare (check box if child will be in our Childcare program during PreK Moms) Circle One
Name: M F Date of Birth:
Name: M F Date of Birth:
Name: M F Date of Birth:
Name: M F Date of Birth:
Name: M F Date of Birth:
Name: M F Date of Birth:

Membership Fee Total - Spring Discount (through May 31, 2018) \$25.00

Membership Fee Total (after May 31, 2018) \$30.00

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

Table with 1 column and 3 rows: For Leadership Team Use Only, Date registration received, Discussion Group assigned