

Adult Events - www.mpcc.info	Date	Time	Registration	Fee	Location
<b>Mom to Mom</b>	5-May-11	Registration	starts	\$90*	MPCC
Every other Thursday beginning September 1, 2011 through May 10, 2012	9/1 - 5/10/12	9:30 - 11:30 am			
<p>* \$30 at registration, \$30 due in Sept, 2011, and \$30 due in January, 2012.</p> <p>Mothers supporting mothers; growing together. A Biblically - based program designed around Titus 2:4 - the concept of older women teaching, encouraging, and mentoring younger women in their relationships with their husbands and children. The program is designed for mothers of all ages and encourages personal relationships in a small group setting.</p> <p>A curriculum - based children's program is included for children birth through kindergarten.</p> <p>Mail check to Mom to Mom, 381 N. Bluff Road, Greenwood, IN 46142.</p>					
<b>Name:</b>	<b>Day Phone:</b>			<small>Office Use Only</small>	<b>Amount:</b>
<b>Address:</b>	<b>Home Phone:</b>				<b>\$</b>
<b>City, State, Zip:</b>	<b>Cell Phone:</b>				<b>Check #:</b>
<b>Date of Birth (mm/dd/yy):</b>	<b>Email:</b>				<b>Cash pd:</b>
<b>Church Affiliation:</b>					<b>Received by:</b>
<b>Married</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/>	<b>Are you currently Employed?</b> FT <input type="checkbox"/> PT <input type="checkbox"/> Stay-at-home mom <input type="checkbox"/>				<b>Date:</b>
Husband's name: _____	<b>Vocation/Career:</b> _____				
What do you most enjoy doing? _____					
To help us better serve your needs, is there anything you would like to share with us?:					
_____					
Check here if you would like to provide additional funds for scholarships. <input type="radio"/>					
Check here if you need financial assistance. <input type="radio"/>					
<b>Children</b>	<b>Are you currently pregnant? If so, due date:</b> _____				
<b>Name:</b>	Will child be attending Mom to Mom? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Birth Date:</b>	Allergies, special needs, other concerns: _____				
<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>					
<b>Name:</b>	Will child be attending Mom to Mom? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Birth Date:</b>	Allergies, special needs, other concerns: _____				
<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>					
<b>Name:</b>	Will child be attending Mom to Mom? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Birth Date:</b>	Allergies, special needs, other concerns: _____				
<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>					
<b>Name:</b>	Will child be attending Mom to Mom? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Birth Date:</b>	Allergies, special needs, other concerns: _____				
<b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/>					