

St Bernard Catholic Church
Mother's Group Registration Form

Date: _____

Name: _____

Address: _____
Number & Street, City, State Zip

Phone (Home) _____ (Work) _____

Email Address: _____

Birthday: Month _____ Day _____

Full-time Homemaker? Yes No Employer: _____

Are you married? Yes No Husband's name: _____

Children (names and ages) _____

Are you a registered parishioner? Yes No
If so, how long have you lived in the parish? _____

Do you have family here? Yes No

Why are you interested in this group? (Check those that apply)

___ Intellectual _____ Social
___ Spiritual _____ Psychological/Emotional
___ Other (Please be specific) _____

What personal talents or skills do you bring to this group? (e.g., music, crafts, good listener) _____

What are your expectations about this group? _____

What do you need from the people in leadership? _____

Please enclose a check payable to St. Bernard for \$10 and mail to
Krista Freimuth at 7355 No 85 St, Omaha, NE 68122

Please call or email Krista if you have any questions - 571-6358 or mothers@stbernardomaha.org

For more information, also check the website:

http://www.stbernardomaha.org/Adult_Education/MOMS.htm

Office Use Only: Date received _____ Amount _____ Check Number _____