



IBC Mom's Café

Registration
Fee Paid

Member Registration Form

Come And Feel Encouraged!



Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

The Emergency contact listed above has my permission to pick up my child in case of an emergency

Birthday: Month/Day _____ May we text you? Y/N

How did you hear about us? _____

Home Church (if applicable): _____

Would you like to be invited to join our Facebook community? Y/N

Please list your children's Names and Birthdates:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

We may take your child's picture for their craft time, or for our Private Mom's Café Facebook Community page. **Please check here to opt out.**

Tell us a funny story, or what you love most about being a Mom: _____

\$10 donation fee is requested, but feel free to enjoy 2-3 meetings before committing to membership. We want you to make sure this is the place for you!