

Woman's Life/ Kids Life	Registration	2011/2012
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Date:	Name:		
Mailing Address:			
City:	State:	Zip:	
Phone:	E-mail:	@	
Birthdate:	Anniversary:		
Church Home:			
I will be attending the Daytime Session:		*Nighttime Session:	

*** Nighttime attendees may leave the rest of the form blank.**

Because our Kids Life program is run by volunteers we ask that every woman serve twice in the Kids Life program.
I would like to help the following two dates: (please check)

Sept 14th <input type="checkbox"/>	Sept 28th <input type="checkbox"/>	Oct 12th <input type="checkbox"/>	Oct 26th <input type="checkbox"/>
Nov 9th <input type="checkbox"/>	Jan 25th <input type="checkbox"/>		
Feb 8th <input type="checkbox"/>	Feb 22nd <input type="checkbox"/>	March 14th <input type="checkbox"/>	March 28th <input type="checkbox"/>
April 11th <input type="checkbox"/>	April 25th <input type="checkbox"/>		

Please indicate your choice of Titus Moms/groups. We will place you in a group if left blank.

Cassandra Deans <input type="checkbox"/>	Nancy Gay <input type="checkbox"/>	Lin Jaecks <input type="checkbox"/>
Cathy Gaffney <input type="checkbox"/>	Tommie Clemmer <input type="checkbox"/>	Michele Norman <input type="checkbox"/>
"20 somethings":	Moms and little ones:	High School/College Age Women:
Audrey Broggi <input type="checkbox"/>	Marlit Stansell <input type="checkbox"/>	Mary Beth Griz <input type="checkbox"/>

Please list your children who will be attending with you.

*****Please indicate choice of class for each child (1st-8th) during each time slot. Classes listed below.*****

Name	DOB	Grade	M/F	Special Needs	Class choices- Write abbreviation	
					9:45-11:00	11:00-12:15

9:45-11:00	11:00-12:15
5th-8th Presidential/Health: PH OR Art: A 2nd-4th Science: SC OR Geography/Missions: GM	5th-8th Science : SC OR Writing: W 1st-4th Presidential/Health: PH 2nd-4th Art: A

*****PRESIDENTIAL PARTICIPANTS MUST ALSO FILL OUT GREEN FORM*****