



## Registration Form

Name: \_\_\_\_\_ Birthday \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Husband's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list all children in your family: (include all children, even if not attending m2m)

| Child's Name: | Birth Date | M2M childcare? |
|---------------|------------|----------------|
|---------------|------------|----------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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How did you hear about M2M? \_\_\_\_\_

What topics or activities would you like to see at M2M? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can we publish your name in the group directory? \_\_\_\_\_