



## Local Registration

***You have already registered online, but your local Host needs some extra details to plan special days, gifts, and childcare. Be sure to return your form to local leadership, and...Welcome!***

Please check the boxes that apply:

- I have applied online and paid my \$50 membership fee at [ablemoms.org](http://ablemoms.org) (watch the mailbox for your Member Packet and use your login to access additional resources online)
- Additionally, I have attached payment for the local fee of \$\_\_\_\_\_

Make checks payable to: \_\_\_\_\_

Able Mom's Member First and Last Name:

Birthday:

How did you hear about Able Moms?

Address:

Phone:

- Able Moms has my permission to contact me via text
- I will be using the childcare available to me during community gatherings at the host church and voluntarily entrust my children's care to the workers chosen by the Able Kids Lead

Child(ren)'s names:

First:

Middle:

Birthdate:

Favorite toys, songs, games, foods:

Special needs and instructions; allergies:

First:

Middle:

Birthdate:

Favorite toys, songs, games, foods:

Special needs and instructions; allergies:

First:

Middle:

Birthdate:

Favorite toys, songs, games, foods:

Special needs and instructions; allergies:

First:

Middle:

Birthdate:

Favorite toys, songs, games, foods:

Special needs and instructions; allergies:

Mother's last name:

First:

Middle:

Home phone:

Alternate phone:

Address:

City:

State:

Zip:

**Family doctor:**

**Phone:**

**Address:**

**Additional Emergency Contact:**

**Phone:**

**Address:**

Father's last name:

First:

Middle: (if applicable)

Home phone:

Alternate phone:

Who has permission to pick up your child(ren) in case of emergency? Father – name:

Phone:

Relative – name:

Phone:

Other – name:

Phone:

I have read the role descriptions, prayed about serving, and would like to be considered for the Team Lead position of \_\_\_\_\_

Please provide me a Team Lead application at \_\_\_\_\_  
(email address)