

**Group Registration**

Pt 1.

Client name: \_\_\_\_\_ File #: \_\_\_\_\_  
Former Client?  Yes  NO  Male  Female  
CSW (print): \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Birthdate \_\_\_\_\_ Email address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Have you ever been here before?  Yes  No  
If yes, under what name? \_\_\_\_\_  
May we call you at the number above?  Yes  No May we email you?  Yes  No  
May we identify ourselves?  Yes  No

Group Registering for:  Growing Together Moms' group  Forever Moms' Group  
 Other \_\_\_\_\_

**General Information:**

What is your relationship status?  
 Single  In a relationship  Living Together  Engaged  Married  Separated  
 Divorced  Remarried  Widowed  Other \_\_\_\_\_

Which of the following best describes your beliefs?  
*(While NPC is a Christian organization, we provide services to persons of ALL belief systems.)*  
 Atheist  Buddhist  Catholic  Christian  Hindu  Jehovah's Witness  
 Jewish  Mormon  Muslim/ Islam  None  Other: \_\_\_\_\_

Are you currently pregnant or suspect you may be pregnant?  Yes  No  
Due date for current pregnancy: \_\_\_\_\_  
Emergency contact for you and your child/children:  
Contact name \_\_\_\_\_ Contact Phone number \_\_\_\_\_

Do you have any allergies? *(If yes, please list)* \_\_\_\_\_

**For Child Care purposes:**

How many children will be needing Child Care while you attend group? \_\_\_\_\_

Does your child have any allergies? *(If yes, please list children that attend NPC Child Care during group)*

Child's Name & Allergies: \_\_\_\_\_

Child's Name & Allergies: \_\_\_\_\_

Child's Name & Allergies: \_\_\_\_\_