

MOMS Ministry of Moms Sharing

REGISTRATION FORM

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Phone: _____ Age: _____
(Home) (Work)

E-mail _____

Work Experience (include at home, volunteer, and/or employment): _____

Level of Education (check one):

____ Grade School ____ High School ____ College ____ Advanced Degree(s)

Are you registered in our Parish Community? ____ Yes ____ No

How long have you lived in this area? _____ Do you have family here? ____ Yes ____ No

Have you ever been a part of a faith sharing group? ____ Yes ____ No

If yes, name group and state the benefits received _____

Why are you interested in this group? (Check all that apply)

____ Intellectual ____ Spiritual ____ Psychological/Emotional
____ Social ____ Other (please be specific): _____

What personal talents or skills do you bring to this group? (e.g., music, crafts, etc.):

What are your expectations about this group? _____

Names and ages of children:

Name: _____ Age: _____ Need Childcare: ____ Yes ____ No

Name: _____ Age: _____ Need Childcare: ____ Yes ____ No

Name: _____ Age: _____ Need Childcare: ____ Yes ____ No

Do any of your children have special needs? Please explain: _____

____ I want to be in a daytime group. What days would you not be available? _____

____ I want to be in an evening group. What evenings would you not be available? _____

MOMS

Ministry of Mothers Sharing

WHO:

THOSE who devote their time to the spiritual and physical nurturing of others.
THOSE who live stressful lives.
THOSE who need a place to receive personal and spiritual nurturing.

WHAT:

Learn to share with other MOMS the stress, concerns, and positive experiences that have influenced your personal growth.

Experience the support of other MOMS as you discover the depth of your spirituality.

REQUISITES:

A commitment to seven sessions
Confidentially
Faith-sharing
Support for other MOMS in their personal growth

Each person will receive *MOMS: A Personal Journal* by Paula Hagen and Vickie Jennett

REGISTRATION

Complete registration and return to:

Parish Community of St. Joseph
8701 – 36th Avenue North
New Hope, MN 55427
Attention: Anne Saevig
Fax to: (763) 544-3435
E-mail to:
asaevig@stjosephparish.com

QUESTIONS?

Contact:

Anne Saevig—Staff
763.544.3352 ext. 113
asaevig@stjosephparish.com

MOMS

will be led by a team of facilitators and topics will be . . .

1. **Self-Esteem and Self-Acceptance**
What influences me at this time of my life?
2. **Stress, Worries and Anxiety**
Learning to deal with stress productively.
3. **Everyday Spirituality**
Relationship with self.
Relationship with God.
4. **Feelings**
Constructive self-expression.
5. **Personal Growth**
Who am I? Where do I give and receive support?
6. **Expressing Values in Friendships**
Defining Christian values, examining relationships.
7. **Discernment of Gifts: Continuing the Journey**
How will I continue my personal growth?

Celebration of New Beginnings

To Be Announced