



Faith Methodist Church Cradle Ministry



Registration Form

Name: _____ Order of Pregnancy: 1st / 2nd / 3rd / 4th / 5th

Church member: Yes / No HP contact: _____ Tel no (H): _____

Name of husband: _____ HP contact: _____

Church member: Yes / No

Home Address: _____

Email Address: _____

Small group name: _____ Name of small group leader: _____

Expected date of delivery: _____ Name of hospital: _____

Name of other children:

1) _____ Date of birth: _____

2) _____ Date of birth: _____

3) _____ Date of birth: _____

I hereby give consent to the church to collect, use and disclose my personal data for the purpose of this registration. I understand the details of the Data Protection Policy can be found at faithmc.sg/DDP.

Name & Signature of Registrant

Date

