

# • 2007-2008 CCMOMC Membership Registration Form

Chester County Mothers of Multiples Club

The information requested in this survey is in part statistical information for reporting to our national headquarters and other information is for identifying commonalities among members. Please feel free to omit any information you are not comfortable providing. Make checks out to "CCMOMC" in the amount of \$25.00 and mail to CCMOMC c/o Lisa Johnson, 411 Carmarthen Court, Exton, PA 19341.

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Township: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address (if applicable)\*: \_\_\_\_\_

**\*Only for CCMOMC correspondence**

Employer/Occupation (current or prior to birth of children): \_\_\_\_\_

Husband's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

If you are an expecting mom, what is your estimated due date: \_\_\_\_\_

Are you expecting (please circle)  Twins  Triplets  Quads

(We will contact you after your due date to complete the information below):

Names of children: **Multiples:** Baby A: \_\_\_\_\_ DOB \_\_\_\_\_

Weight \_\_\_\_\_ Gender \_\_\_\_\_

Baby B: \_\_\_\_\_ DOB \_\_\_\_\_

Weight \_\_\_\_\_ Gender \_\_\_\_\_

Baby C: \_\_\_\_\_ DOB \_\_\_\_\_

Weight \_\_\_\_\_ Gender \_\_\_\_\_

Baby D: \_\_\_\_\_ DOB \_\_\_\_\_

Weight \_\_\_\_\_ Gender \_\_\_\_\_

**Multiple Type:** \_\_\_\_\_ Identical \_\_\_\_\_ Fraternal \_\_\_\_\_ Unknown **Sexes:** \_\_\_\_\_

**Singletons:** Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Name \_\_\_\_\_ DOB: \_\_\_\_\_

OB/GYN: \_\_\_\_\_ Multiple Birth Hospital: \_\_\_\_\_ Pediatrician: \_\_\_\_\_  
\_\_\_\_\_

When was a multiple birth identified (in weeks)? \_\_\_\_\_

Gestation at time of multiple birth: \_\_\_\_\_

Birth position: (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_ (D) \_\_\_\_\_ (h=head first; b=breech;  
t=transverse)

Birth Type: Vaginal: \_\_\_\_\_ Cesarean: \_\_\_\_\_ Both: \_\_\_\_\_

Did you breastfeed your multiples? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, for how long? \_\_\_\_\_

Complications during pregnancy and/or birth that you would be willing to share with members in similar situations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to have another club member as a big sister (someone to talk to, ask questions, get ideas, etc.)? **Y** / **N**

Do you have any special talents/interests, areas of expertise, etc. you'd be willing to share with the club? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you recently relocated to this area? **Y** / **N** If so, from where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Thank you for taking the time to complete this survey. We look forward to seeing you at the next meeting.***

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For Membership Use Only: Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Check #: \_\_\_\_\_