

• 2008-2009 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 commonalties 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 Monica Keen, 344 Mary Street, Downingtown, PA 19335.

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.

For Membership Use Only: Date Received: _____ By: _____ Check #: _____