



# S.M.I.L.E.S.

Fall 2010 (Sept. 16 – Nov. 18)  
Beth Moore's *Stepping Up: A Journey  
Through the Psalms of Ascent*

Date Received: \_\_\_\_\_  
Table #: \_\_\_\_\_  
Leader(s): \_\_\_\_\_  
\_\_\_\_\_  
*For administrative use only*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Your Age Group

\_\_\_ 18 - 24 \_\_\_ 25 - 32 \_\_\_ 33 - 41 \_\_\_ 42 - 52 \_\_\_ 53+

• Is this your first time attending S.M.I.L.E.S.? yes\_\_\_ no\_\_\_

\_\_\_ I am a member/regular attendee of High Desert Church \_\_\_Harbor\_\_\_Seven  
\_\_\_Apple Valley\_\_\_Classic

\_\_\_ I do not attend church regularly

\_\_\_ I attend \_\_\_\_\_ Church

### **PLEASE COMPLETE IF CHILDCARE IS NEEDED (BIRTH TO AGE 5 ONLY):**

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

• If you are **currently pregnant** and will be needing childcare for your newborn, please indicate your estimated due date: \_\_\_\_\_

• Limited childcare spaces are available, provided on a **FIRST COME, FIRST SERVED BASIS**, so please return this form as soon as possible if childcare is needed.

• Please list ages/grades (even if college age or adult/grown child) of any **other** children (**NOT** requiring childcare for S.M.I.L.E.S.):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Age) (Grade) (Age) (Grade) (Age) (Grade) (Age) (Grade) (Age) (Grade)

**(Please see second page for other important information)**

- This session of S.M.I.L.E.S., I am most interested in connecting with other moms:

\_\_\_ that are around my same age

\_\_\_ that have kids in the same age range as mine

\_\_\_ that have the same number of kids as I do

\_\_\_ No preference

**REGISTRATION FEE:** \$40 (\$50 after September 6<sup>th</sup>) includes the Fall Session book/study guide, shipping, materials, hospitality, publicity, and program costs.

\_\_\_\_\_CASH    \_\_\_\_\_CHECK NUMBER (**made payable to HDC**)

If you have any questions please e-mail:  
**smiles@highdesertchurch.com**

**Please mail completed form with payment to:**

Julia Burke  
13074 High Crest St.  
Victorville, CA 92395-7711