



2011-2012 Registration

Last Name _____

First Name _____

Birthday _____

Anniversary _____

Husband's name (if applicable) _____

Address _____

City, State, Zip _____

Phone Number _____

Email _____

Allergies/Medical conditions to be aware of _____

Please list your child(ren)'s name and birthdates:

Please check if child will be attending MOPS

<input type="checkbox"/>	Name _____	Birthday _____
<input type="checkbox"/>	Name _____	Birthday _____
<input type="checkbox"/>	Name _____	Birthday _____
<input type="checkbox"/>	Name _____	Birthday _____
<input type="checkbox"/>	Name _____	Birthday _____

Name one mom whom you would like to sit with - Name _____

Have you attended a MOPS group before? Yes No If so, Where: _____

Do you attend a church? Yes No If so, Where: _____

How did you hear about this MOPS group? _____

You may be called on to help in the childcare if there is not enough childcare workers on a MOPS day.

You will be asked to do a background check before working in that area.

Today's Date: _____

Date Connection fee paid : _____