



Registration Form

Date: _____

Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

Last name: _____ First name: _____ M.I.: _____

Home phone: _____ Work/Other phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ E-mail: _____

Have you attended a MOPS group before? Yes No

If so, where? _____

Are you registered for the MOPS to Mom Connection through MOPS International? Yes No

Do you attend a church? Yes No

If so, where? _____

How did you hear about this MOPS group? _____

Please list your child(ren)s names and birth dates:

Name: _____ Date of birth: _____ Male Female Enrolled in MOPPETS Yes No

Name: _____ Date of birth: _____ Male Female Enrolled in MOPPETS Yes No

Name: _____ Date of birth: _____ Male Female Enrolled in MOPPETS Yes No

Name: _____ Date of birth: _____ Male Female Enrolled in MOPPETS Yes No

Husband's name (if applicable): _____ Anniversary date: _____

Service Requirements: Because we charge only a modest fee, we require each MOPS mom to;

* Volunteer in the MOPPETS child ministry 2 meetings per semester for the alternate MOPS group

* Bring treats up to 2 times per semester

MOPS cannot exist without your help. We greatly appreciate your participation as we minister to our moms.

MOPS Agreement:

By signing below I agree that I have read and understand the service agreement stated above. In accordance to the agreement I will volunteer for 2 meetings in MOPPETS and bring treats up to 2 times as assigned.

Signature:

For MOPS Group Use Only:

Date registration received: _____

Discussion Group assigned: _____

Date registered for the MOPS to Mom Connection: _____