

Received: ___/___/___
Registered: ___/___/___

Treasurer notes:
MOPS Reg (\$32) ck#_____ amt: _____ date: ___/___/___
Fall Dues (\$25) ck#_____ amt: _____ date: ___/___/___
Spring Dues (\$25) ck#_____ amt: _____ date: ___/___/___

MOPS Registration 2018-2019

ABOUT YOU:

First name Last name (____) ____-____
Cell Phone Number

Address (____) ____-____
Home Phone Number

City State Zip Birthday: ___/___/___

E-mail Address (for MOPS Int'l and directory use only) Allergies: [] Yes [] No

Allergy: _____

Prior MOPS Member: [] Yes [] No Referred to MOPS by: _____

Marital Status: [] Married [] Single Husband's name: _____

Do you attend a church? [] Yes [] No If yes, where? _____

ABOUT YOUR CHILDREN:

****Check the box (☐) before the name of each child you wish to register for the MOPS Kids program (Child Care during MOPS meetings)****

Name: _____ Age: _____ Birthday: ___/___/___

Name: _____ Age: _____ Birthday: ___/___/___

Name: _____ Age: _____ Birthday: ___/___/___

Name: _____ Age: _____ Birthday: ___/___/___

Please list any known allergies for your child(ren): _____
