



# 2016-17 MOPS International REGISTRATION FORM

WELCOME! PLEASE COMPLETE THIS FORM  
SO WE CAN LEARN ABOUT YOU!

YOUR CONTACT INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

YOUR MOPS INFO

Have you attended a MOPS group before?  Yes  No

↳ If yes, where? \_\_\_\_\_

Are you already registered for the MOPS International Membership?  Yes  No

Home church (if applicable): \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

YOUR FAMILY INFO

PLEASE LIST YOUR CHILD(REN)'S NAME(S) AND BIRTHDATE(S):

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

Date of Birth: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Husband's Name (if applicable): \_\_\_\_\_

MOPS MEMBERSHIP FEE ..... \$24.95

→ You will receive a Welcome Kit and *Hello, Dearest* magazine from MOPS International

MOPS MENTOR MEMBERSHIP FEE (Mentors only) ..... \$26.95

→ You will receive a Welcome Kit and *Hello, Dearest* magazine from MOPS International

Early Registration! Save \$2 on Membership if you register by June 30, 2016 ..... \$ \_\_\_\_\_

Group Fee ..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

FOR GROUP USE ONLY {

Name of MOPS Group: \_\_\_\_\_

Date Registration Received: \_\_\_\_\_

Division Group Assigned: \_\_\_\_\_

Date Registered for MOPS International Membership: \_\_\_\_\_



## MOPPETS Registration Form

Child's last name:	First:	Middle:
Birthdate:		
Mother's last name:	First:	Middle:
Home phone:	Alternate phone:	
Address:		
City:	State:	Zip:
Father's last name: (if applicable)	First:	Middle:
Home phone:	Alternate phone:	

Who has permission to pick up your child(ren) in case of emergency?	
Father – name:	Phone:
Relative – name:	Phone:
Other – name:	Phone:
Family doctor:	
Name:	Phone:
Address:	
Additional Emergency Contact:	
Name:	Phone:
Address:	

<p>Siblings (names and birthdates):</p>          <p>Favorite toys, songs, games, foods:</p>          <p>Special needs and instructions; allergies:</p>
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