



Registration Form 2017-2018

(Cost per meeting: \$5; Cost for year (Sept.-May): \$30)

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: (home) _____ / (cell) _____

E-mail: _____ Birthdate: _____

Do you attend a church? YES NO If yes, where?

Have you attended MOPS here previously? YES NO

Will you be requesting scholarship assistance? YES NO

Will you be attending evening meetings only? YES NO

How did you hear about this MOPS group? _____

Please complete the following information about your child(ren) who will be cared for in our MOPPETS program

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

For MOPS Use Only

Date registration received: _____ Early Bird Special: _____

Discussion Group: _____

Registration Payment: CASH CHECK CREDIT CARD SCHOLARSHIP PER MEETING

Date registered M2M: _____