MOTHERS OF MOPS® PRESCHOOLERS

REGISTRATION FORM

Welcome to MOPS! Please tell us about yourself.

Last Name First MI Phone #

Street Address

City State Zip

Birthday E-mail Address

Husband's name (if applicable) Work Phone # Anniversary Date

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

Are you a prior MOPS attendee? □ Yes □ No Referred to MOPS by _____

Children: Attend MOPPETS?

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Name_____Birthday_____ □ Y □ N □ Unsure
Month / Day / Year

Organizing MOPS meetings and activities is an undertaking that requires help from many different women. As part of joining the group, we ask that each mom serve in a designated area throughout the year. The more people we have on board, the less of a burden it will be on all of us!

Please mark where you are willing to serve. Rank your top 3 choices.

_____ Creative Activities (Set up/Clean up/Help plan and prepare crafts)
_____ Hospitality (Set up/Clean up/Help plan themes/games)
_____ Finance (Registration/Paperwork)
_____ MOPPETS (Help with child care on an infrequent and occasional basis beyond the one time we ask a semester.)
_____ Publicity (Proofreading/Bulletin Board/Photographer/Provide articles)

Steering Use Only: _____

Date Received_____ Fee Paid _____ Discussion Group _____ M2M Registration _____