



Fall 2008 REGISTRATION

1 & 3 Fridays

2 & 4 Fridays

Name _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

email address _____

The information requested will help us place you in a group with moms of similar interest and make your MOPS year most fulfilling.

List ALL of your children. Also include any newborns that will need childcare during the semester.

Child's Name	Child's Date of Birth	Childcare Needed?	Special Information (allergies, health concerns, security items, etc.)
		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
		<input type="checkbox"/> Yes / <input type="checkbox"/> No	

Marital status: Married Single

Husband's name _____ Anniversary _____

His daytime phone (_____) _____

Are you currently attending a local church? Yes No

If yes, church name? _____

Are you a member of a church? Yes No

If different than listed above, church name? _____

If you are a member of The MET, what small group do you participate in? _____

OVER ➔

Rev. 7/07

Do you have an occupation outside of being a full-time mommy? Yes No

If yes, what? _____ Where? _____

What things would you like to do if you had any "spare time" (your hobbies)?

What are some of your favorite family activities?

What topics would you like to hear about at MOPS?

Where did you hear about MOPS @ The MET?

What committee would you like to help with?

Hospitality | Crafts | Publicity | Welcome & Nurture

Are you a prior MOPS member? Yes No

Dues are \$55 per semester.

TO BE COMPLETED BY MOPS LEADERSHIP

Registration Date: _____ Dues Paid \$ _____ Cash / Check # _____