

MOPS Registration Form

Date _____

Last name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

E-mail address _____

Would you like to receive the newsletter via email? _____ Yes _____ No

Birth date _____

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

Husband's name (if applicable) _____

How did you hear about this MOPS group? _____

Children

Please list all children's names and birth dates and whether he/she is a MOPPET (MOPPET is a child younger than kindergarten who may or may not attend meetings with you.)

<u>Name</u>	<u>Date of Birth</u>	<u>MOPPETS</u> (yes or no)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there allergies/specific needs we need to be aware of for your MOPPET? Yes/No
(Please list on back of form.)

Emergency contact _____ Phone _____

Getting to Know You...

What did you do before you had children? _____

What do you do now? _____

What are your hobbies? _____

What shocked you the most about motherhood? _____

What is your favorite part of motherhood? _____

Describe your "perfect" day. (It's all about you, Mom!) _____

Please share one thing you would like people to know about you. _____

It is possible that we would use some or all of this information from "Getting to Know You" in our newsletter and/or our directory, BUT we don't want to do it without your permission!

Yes, feel free to use my information for the MOPS newsletter and/or directory.

No, I do not want any of my information made public.

Please contact me before using my information.

