



MOPS Registration

Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

Last name: _____

First name: _____

M.I.: _____

Home phone: _____

Cell phone: _____

Address: _____

City _____ State: _____ Zip: _____

Birthday: _____ E-mail: _____

Would you like to receive your newsletter via E-mail? Yes No

Have you attended a MOPS group before? Yes No If so, where?

Are you registered for the MOPS to Mom Connection through MOPS International?

Yes No Do you attend a church? Yes No

If so, where? _____

How did you hear about this MOPS group?

Please list your child(ren)'s names and birth dates:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Husband's name (if applicable): _____

| | |
|---|---|
| For MOPS Group Use Only: | Date registration received: _____ |
| Discussion Group assigned: | _____ |
| Date registered for the MOPS to Mom Connection: | _____ |
| Paid in Full _____ | Partial Payment _____ Via PayPal <input type="checkbox"/> Yes <input type="checkbox"/> No |