



Registration Form

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

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Other: _____

Email: _____ Birthday: ___/___/___ Anniversary: ___/___/___

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

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: _____

Name: _____ Date of birth: _____

Husband's name (if applicable): _____

Payment Options (check one):

- Yearly fee with children \$84
- Yearly fee without children \$69
- Yearly fee \$24 plus \$5 at each meeting

Would you be willing to donate \$3 towards a MOPS scholarship for a mom in need? Yes ___ No ___

Please make checks payable to Highland Community Church.

Mail to: Highland Community Church, Attn: MOPS, 1005 N 28th Ave, Wausau, WI 54401

For MOPS Group Use Only:

Date Registration Received: _____ Date Registered for MOPS to Moms Connection: _____

Discussion Group Assigned: _____ Added to Email list: _____