



Registration Form 2017-2018

Welcome to MOPS! Please complete this form so that we can learn some basic information about you. Also Keep in mind early registration is the only way to guarantee yourself a daycare spot for next year.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____

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: _____

Will they be attending MOPS childcare? Yes _____ No _____ Allergies _____

Name: _____ Date of birth: _____

Will they be attending MOPS childcare? Yes _____ No _____ Allergies _____

Name: _____ Date of birth: _____

Will they be attending MOPS childcare? Yes _____ No _____ Allergies _____

Name: _____ Date of birth: _____

Will they be attending MOPS childcare? Yes _____ No _____ Allergies _____

Husband's name (if applicable): _____

Would you be willing to donate \$3 or more towards a MOPS scholarship for a mom in need? Yes ___ No ___ (Add a amount below.

Registration Options: (Please make checks payable to HCC) In need of a scholarship please contact Amanda McLellan.

- Yearly fee with children \$90
- Yearly fee without children \$75
- Yearly fee \$25 plus \$5 at each meeting

Payment Calculator: Registration option: _____ + Scholarship for mom in need _____ = Total
Due: _____

For MOPS Group Use Only:

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

Discussion Group Assigned: _____ Added to Email list: _____