

First Evangelical Free Church



2009 - 2010 Registration Form

(check one box)

Friday Classic MOPS

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

Last name: _____ First name: _____ M.I.: _____

Home phone: _____ Address: _____ E-mail: _____

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 or MOPS@?

I was invited by...

Do you wish to sit by a friend? If so, who?

****(Can't guarantee it, but will try to accommodate you.)****

Husband's name (if applicable): _____

Emergency contact name & phone number: _____

Hobbies/Activities you enjoy and/or a Home business you want us to know about: _____

Children: (Checkbox if they will be attending MOPPETS) **Home School Children Welcome**

Name: _____ Date of birth: _____ male or female

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Children's Allergies: _____

Are you expecting or adopting? Yes, due or arrival date: _____ No

Do you know anyone who could volunteer in the MOPPETS childcare program? It could be your mom, dad, neighbor or friend. If yes who? and contact information: _____

Can we include some of this information in our MOPS directory or newsletters?

Registration Fee:

\$45 for Classic MOPS

(1st semester \$23.95 goes to MOPS International for the MOM to MOM Connection.)

Write one check payable to MOPS

When completed, please mail this form and your check ASAP to secure your placement:

FEFC MOPS 5150 Chicago Ave So., MPLS MN 55417

Confirmation call or email will be done upon receiving.

For MOPS Group Use Only - Date registration received: _____

Date registered for MOPS Int. Membership: _____