

First Evangelical Free Church



Friday Morning

2008 - 2009 MOPS Registration Form

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 group?

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
- Name: Date of birth: male or female
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- Name: Date of birth: male or female

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 Each Semester (1st semester \$23.95 goes to MOPS International for the MOPS 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: