



2008-09 Registration Form



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Birthday: _____ Anniversary: _____

Husband's name (if applicable): _____

Are you expecting a baby? Yes No If so, when? _____

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

Do you attend church? Yes No If so, where? _____

How did you hear about this MOPS group? _____

Hobbies or Interests: _____

2008-09 Registration Fee - \$40
This fee can be split into 2 or 3 payments, if needed.
Make checks payable to Northside Baptist Church.

PLEASE COMPLETE MOPPETS REGISTRATION ON THE NEXT PAGE.

For MOPS Group Use Only

Date Registration Received: _____

Discussion Group Assigned: _____

Date registered for the MOPS to Mom Connection: _____



MOPPETS Registration Form



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

Attending
MOPPETS

Name _____ Date of birth _____ Yes / No

Name _____ Date of birth _____ Yes / No

Name _____ Date of birth _____ Yes / No

Name _____ Date of birth _____ Yes / No

Father's Name (if applicable): _____

Home Phone: _____ Work/Cell Phone: _____

Pediatrician: _____ Phone _____

Emergency Contact: _____ Phone _____

Relationship: _____

Special needs or allergies:

