

# 2010/2011 MOPS Registration

\*If you are **re-registering**, please fill-in your name and then skip to the children's information section and complete the rest of the form! Please update your information on file with us if it has changed.

Date \_\_\_\_\_

\*Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_ Your birthday \_\_\_\_\_

**MOPS International Registration Fee \$17 – payment attached? Yes No**

**Scholarship needed? Yes No**

*Suggested donation per meeting of \$5 is payable each meeting or by semester (twice annually).*

Prior MOPS attendee? Yes No If yes, how many years? \_\_\_\_\_

Do you attend church? Yes No If yes, where? \_\_\_\_\_ Member? Y/N

Do you have school-age children? Yes No

If yes, please list their names and ages: \_\_\_\_\_

Referred to MOPS by: \_\_\_\_\_

Names and birth dates of your children that WILL be attending MOPS:

(If you know you are expecting, please include your due date.)

Name: \_\_\_\_\_ month/day/year \_\_\_\_\_

Name: \_\_\_\_\_ month/day/year \_\_\_\_\_

Name: \_\_\_\_\_ month/day/year \_\_\_\_\_

Please check area(s) where you would be interested in helping next year:

**Finance**

- Fundraiser preparation
- Welcome/Registration desk

**MOPPETS Room Set-up/Clean-up**

- Set-up on Thursday: *Avail.: Morn. Aftn. Eve.*
- Clean-up Lewis Hall after MOPS meetings

**Creative Activities**

- Helping with crafts
- Helping with social activities

**Publicity**

- Community Outreach
- Newsletter
  - Writing articles
  - Submitting ideas
  - Researching local events
  - Updating Web Site

**Hospitality**

- Friday AM Coffee & Food Prep/clean-up
- Thursday Set-up *AM or PM?*
- Moppet Luncheon (Spring)

**Spa Day**

Preparing meals for moms in need Greeter

- Greater
- Vendor Procurement
- Set-up/Clean-up

Do you have any special interests or talents you would like to share with MOPS? \_\_\_\_\_

**<see back side for childcare registration>**

<b>Steering Use Only</b>		
Add date _____	Group assigned _____	Drop Date _____
Moppets <input type="checkbox"/> Steering <input type="checkbox"/>	Moppet rooms _____; _____; _____	

## 2010/2011 MOPPETS Registration

Child's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_

Pacifer?      Y / N    Nursed?      Y / N

Bottle?      Y / N    Toilet Trained? Y / N

Allergies or special needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other helpful comments about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_

Pacifer?      Y / N    Nursed?      Y / N

Bottle?      Y / N    Toilet Trained? Y / N

Allergies or special needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other helpful comments about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_

Pacifer?      Y / N    Nursed?      Y / N

Bottle?      Y / N    Toilet Trained? Y / N

Allergies or special needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other helpful comments about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Doctor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Father:**

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

**Other Emergency Contact:**

Name: \_\_\_\_\_

Relation to Child/Children: \_\_\_\_\_

Phone: \_\_\_\_\_