

# 2017-18 MOPS International REGISTRATION FORM



*free indeed*  
MOPS

WELCOME! PLEASE COMPLETE THIS FORM  
SO WE CAN LEARN ABOUT YOU!

YOUR CONTACT INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Are you comfortable sharing this information in our MOPS Directory (only to be shared with MOPS moms)? Y / N

YOUR MOPS INFO

Are you interested in **MOPS** (mothers of preschoolers) or **MOPS Next** (mothers of school aged kids)? \_\_\_\_\_

Have you attended a MOPS group before?  Yes  No

↳ If yes, where? \_\_\_\_\_

Home church (if applicable): \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

Circle one: MOPS A (1st & 3rd Thursdays AM), MOPS B (2nd & 4th Thursdays AM), No Preference? We'll do our best to accommodate. Note: MOPS Next will meet 1st & 3rd Thursdays AM.

YOUR FAMILY INFO

PLEASE LIST ALL YOUR CHILD(REN)'S NAME(S) AND BIRTHDATE(S):

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

Date of Birth: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

## Fees and Payment Information *(If you have any questions or if money is a concern, please let us know)*

### Circle one MOPS Membership option:

MOPS Membership Fee ..... \$31.95  
 2 years of Membership (to be paid upfront) ..... \$29.95 per year  
 3 years of Membership (to be paid upfront) ..... \$27.95 per year (a 13% savings)

→ You will receive a Welcome Kit and *The MOPS Magazine* from MOPS International

HBC Small Group Fee (Fall) ..... \$15.00

→ Early Registration! Save \$10 on HBC Small Group Fee (Fall) if you register by Aug. 1, 2017..... \$5.00

Need Childcare (Fall)?  Yes  No - HBC Childcare Fee (Fall) ..... \$35.00

→ \$5 per additional child (not to exceed \$15) ..... \$ \_\_\_\_\_

Do you need a scholarship? If so how much? Y / N ..... \$ \_\_\_\_\_

Would you like to sponsor a mom (any amount)? Y / N ..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

May pay in cash or check payable to Heritage Baptist Church with "MOPS" in memo.

Email MOPS@heritagebaptistannapolis.org with any questions.