



2007 – 2008
MOPS Registration Form

Register now to guarantee your spot for September. Please mail this form and your \$25.00 registration fee to Cheryl St. Onge, 45 Harold Avenue, Westfield, MA 01085. Please make your check payable to W.E.F.C. You also have the option of pre-paying your monthly meeting donation (\$5/month over 9 months = \$45). If you choose this option your total amount would be \$70).

If the registration fee hinders your attendance, simply fill out the requested information below and mail back. If you can help sponsor a Mom (or Moms) who may not be able to afford the registration fee, please indicate below and include any additional dollar amount you are able to contribute.

Your name: _____

Address: _____ City/State/Zip: _____

Phone #: _____

Birth date: _____

Email address: _____

In case of emergency, contact (name and phone number): _____

Children who will be attending MOPS (birth – kindergarten): Names, Birth Dates, ages and Special Concerns (Allergies, Asthma, Potty Training, etc.)

Name _____ Birthday _____ Age _____ Concerns _____

Name _____ Birthday _____ Age _____ Concerns _____

Name _____ Birthday _____ Age _____ Concerns _____

Name _____ Birthday _____ Age _____ Concerns _____

Do you attend a church? __ Yes __ No If Yes, where? _____

Registration Fee (\$25) \$ _____
Requested per meeting donation (\$5 per month) \$ 45.00 (pre-pay optional)
Donation to help a mom in need (any dollar amount) \$ _____
(Please make checks payable to W.E.F.C.) \$ _____ Total Enclosed

If you have any questions, please call Cheryl at (413) 572-0073.