



Better Moms Make A Better World



Registration Form 2010/2011

Welcome to MOPS! Please complete this form so we can learn some basic information about you.

Last Name: _____ First Name: _____ M.I. _____

Home Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: ____/____/____ E-mail: _____

Permission to put your name and e-mail address on our website? (Just for communication, no spam or junk mail) yes no

Husband's name (if applicable): _____ Anniversary: ____/____/____

Have you attended a MOPS group before? yes no

If so, where? _____

Do you currently receive the MOPS Magazine? yes no

Do you have any health concerns or food allergies that may need accommodations? yes no

If yes, please explain _____

Do you attend a church? yes no

If so, where? _____

How did you hear about this MOPS group? _____

Please list your child(ren):

Name: _____ Birthday _____ Gender _____ Attending MOPS with you? yes no

Name: _____ Birthday _____ Gender _____ Attending MOPS with you? yes no

Name: _____ Birthday _____ Gender _____ Attending MOPS with you? yes no

Name: _____ Birthday _____ Gender _____ Attending MOPS with you? yes no

Name: _____ Birthday _____ Gender _____ Attending MOPS with you? yes no

Name: _____ Birthday _____ Gender _____ Attending MOPS with you? yes no

If you are returning to Flint Central MOPS this year, is ALL of your information the same as last year? yes no