



Graham Emmanuel Baptist Church
2008-2009
MOPS Registration Form

Fee Payment Information

Registration Dues: \$24 Due at the time of Registration
This fee is required by and forwarded to MOPS International
This registers you for the MOPS International Membership which includes:
Subscription to MOMSense Magazine
Mom-E-Mail
Additional resources for you and your children

1st Semester Tuition: \$40 Due on or before the 1st meeting in October
1st semester is October through January

2nd Semester Tuition: \$40 Due on or before the 1st meeting in February
2nd semester is February through May

- To maintain your MOPS registration, we kindly ask that all fees be paid by the dates indicated above.
- Limited funds are available for those needing financial assistance. To apply for a scholarship, a completed scholarship application will need to be submitted by the due dates indicated above.

Please check this box if you would like a confidential Scholarship Application.

- Registration fees and tuition payments are non-refundable.
- Registration fees are a one-time-per-year fee, due upon registration.
- Please make all checks payable to *Graham Emmanuel Baptist Church*.

I have read the above MOPS fee payment information. I understand that in order to maintain my MOPS registration, my registration fee and tuition payments must be submitted according to the above schedule.

Signature: _____ **Date:** _____

Would you like to help sponsor a mom in the MOPS group? Yes No

Please list the amount you would like to donate to the scholarship fund. _____

Photo Authorization

Photos may be taken during MOPS/MOPPETS events for inclusion in Graham Emmanuel Baptist/Graham Emmanuel Baptist MOPS publications or promotional materials. Please complete the following information for you and the children you are registering in MOPPETS.

I, _____ (parent or guardian) give my permission for myself and my child(ren), _____ (list names)

to have his/her photo taken in Graham Emmanuel Baptist/Graham Emmanuel Baptist MOPS publications or promotional materials.

Signature: _____ **Date:** _____



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(Please Print with Ink)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Other Phone: _____

E-mail Address: _____

Date of Birth: _____ Husbands Name (if applicable): _____

Have you attended a MOPS group before? Yes No

If so, where? _____ How many years? _____

Do you have a current MOPS International Membership? Yes No

How did you hear about this MOPS group? _____

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

Child(ren) that **will** attend MOPPETS:

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Child(ren) that **will not** attend MOPPETS:

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

If pregnant, due date: _____ If a multiple birth, number of children: _____

Do you work outside the home? Yes No If so, occupation? _____

Your hometown (where you grew up): _____

Hobbies and Interests: _____

Please indicate below any areas you would be willing to help with at MOPS:

_____ Care Team _____ Fund Raising _____ Moms Night Out Events

_____ Crafts _____ Hospitality _____ Writing for the Newsletter

Mail to: GEBC attn: MOPS 22316 106th Ave E Graham WA 98338

Over →

Registration Coordinator Use Only:

Date Registration Rec'd: _____ Reg: _____ T1: _____ T2: _____

DB: _____ M2M: _____ Discussion Group Assigned: _____