



# Registration Form

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you attended a MOPS group before? Yes No If so, where? \_\_\_\_\_

Are you registered for the MOPS\_to\_Mom Connection through MOPS International? . Yes . No

Do you attend a church? Yes No If so, where? \_\_\_\_\_

Are you Military? Yes No If so, which unit? \_\_\_\_\_

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

Which MOPS group are you interested in? 1<sup>st</sup> & 3<sup>rd</sup> Thursday Mornings or 2<sup>nd</sup> & 4<sup>th</sup> Thursday Mornings  
1<sup>st</sup> & 3<sup>rd</sup> Thursday Evenings or TeenMOPS 1<sup>st</sup> & 3<sup>rd</sup> Thurs. Eve

Please list your child(ren)'s names and birth dates:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \_\_\_\_\_

Husband's name (if applicable): \_\_\_\_\_

Wedding Anniversary \_\_\_\_\_

For MOPS Group Use Only:

Date registration received: \_\_\_\_\_

Discussion Group assigned: \_\_\_\_\_

Date registered for the MOPS\_to\_Mom Connection: \_\_\_\_\_