

**MOPS REGISTRATION FORM**  
**Christ Our Savior Lutheran Church**  
**2011 – 2012**

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

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

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

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

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

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

Have you attended a MOPS group before?  Yes  No

If so, where?

How did you hear about this MOPS group?

Are you registered for MOPS International Membership:  Yes  No

Do you attend a church?  Yes  No

If so, where?

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

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

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

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

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

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

Emergency Contact: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

May we share your email with the COS MOPS Members?  Yes  No

May we share your email with MOPS International?  Yes  No

REGISTERING FOR:

Fall Semester (\$20)

Spring Semester (\$20)

MOPS International Annual Membership (\$23.95 one time payment)

**MAKE CHECKS PAYABLE TO: Cathy Lynn LaBurdy** and give to Rebekah Creeden along with completed registration form.

**For MOPS Group Use Only**

Date registration received:

Date membership fee received:

Check #:

Date registered for MOPS International Membership:

Semester:  Fall  Spring

MOPS Intl Member