



2018-19 MOPS International REGISTRATION FORM



CONTACT INFO

Last Name: _____ First Name: _____ MI: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Birthday: _____

Husband's Name (if applicable) _____

Zoned Elementary School: _____

MOPS INFO

Have you attended a MOPS group before? YES / NO If yes, where? _____

Are you already registered for the MOPS International Membership? YES / NO

Home church (if applicable): _____

How did you hear about this MOPS group? _____

CHILD(REN) INFO

PLEASE LIST YOUR CHILD(REN)'S NAME(S) and BIRTHDATE(S):

Name: _____ Birthday: _____ Attending MOPS: YES / NO

Name: _____ Birthday: _____ Attending MOPS: YES / NO

Name: _____ Birthday: _____ Attending MOPS: YES / NO

Name: _____ Birthday: _____ Attending MOPS: YES / NO

Pediatrician: _____ Doctor Phone: _____

****Please list any allergies and explain any special needs or instructions for your child(ren) that will attend MOPS on the back of this form.***

If we create a MOPS Directory, would you like to be included? YES / NO

MOPS Membership Fee. \$75.00

Please make checks payable to **Covenant Church** and drop off in the church office or mail to:

Covenant Church, 40000 Route 202, Doylestown, PA 18902

(Financial Assistance / Payment Plans are available based on need. Please contact Kim in the church office at 267-880-3713)

MOPS Meeting Time:

9:15-11:00am

MOPS Meeting Dates:

October 4, November 1, December 6, January 3,
February 7, March 7, April 4, and May 2