



Registration Form

Mothers of Preschoolers

For MOPS Group Use Only:

Date Received: _____

D. G. Assigned: _____

Date: _____

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell/Other: _____

E-mail: _____ Birthday: _____

Anniversary date (if applicable): _____ Husband's name: _____

Do you attend a church? Yes No

If so, where? _____

Have you attended a MOPS group before? Yes No

If so, where? _____

How did you hear about this MOPS group? _____

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

First/Last Name: _____ D.O.B (mm/dd/yy): _____ Male Female

Enrolling in MOPPETS Yes No If so, please list allergies: _____

First/Last Name: _____ D.O.B (mm/dd/yy): _____ Male Female

Enrolling in MOPPETS Yes No If so, please list allergies: _____

First/Last Name: _____ D.O.B (mm/dd/yy): _____ Male Female

Enrolling in MOPPETS Yes No If so, please list allergies: _____

First/Last Name: _____ D.O.B (mm/dd/yy): _____ Male Female

Enrolling in MOPPETS Yes No If so, please list allergies: _____

***Early registration: April 28 - May 26**

\$80 for the year or \$50 per semester

***Registration: June 1 - August 1**

\$90 for the year or \$50 per semester

Return completed form and dues to: Fellowship Bible Church ATTN: MOPS P.O. Box 9340 Longview, TX 75608 to secure placement on waiting list. You will be contacted as soon as there is an available spot in the MOPPETS program for your child(ren).

**There is no waiting list for moms whose children are not enrolling in MOPPETS.