

**ORTING MOPS  
Registration Form  
2007-2008**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
Would you like to receive emails from Orting MOPS or Mops Int'l? \_\_\_\_\_ Yes or \_\_\_\_\_ No  
Date of Birth: \_\_\_\_\_ Anniversary (if applicable): \_\_\_\_\_  
Are you pregnant? \_\_\_\_\_ Yes or \_\_\_\_\_ No Due date: \_\_\_\_\_  
Do you attend church? \_\_\_\_\_ Yes or \_\_\_\_\_ No If so where? \_\_\_\_\_  
How did you hear about this MOPS group? \_\_\_\_\_

**Fathers Information:**

Name: \_\_\_\_\_  
Does father live at home? \_\_\_\_\_ Yes or \_\_\_\_\_ No  
If not, please fill in the following information:  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

**Child #1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Special needs or instructions (allergies) \_\_\_\_\_  
Circle class age  
Infant's 12-24mos. 2yrs 3yrs. 4yrs. 5yrs. Home school

**Child #2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Special needs or instructions (allergies) \_\_\_\_\_  
Circle class age  
Infant's 12-24mos. 2yrs 3yrs. 4yrs. 5yrs. Home school

**Child #3**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Special needs or instructions (allergies) \_\_\_\_\_  
Circle class age  
Infant's 12-24mos. 2yrs 3yrs. 4yrs. 5yrs. Home school

**Child #4**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Special needs or instructions (allergies) \_\_\_\_\_  
Circle class age  
Infant's 12-24mos. 2yrs 3yrs. 4yrs. 5yrs. Home school

\*Do you need childcare for each child? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please list which child you do not need childcare for. \_\_\_\_\_

\*Which child would you like playmates for? \_\_\_\_\_

\*Would you be interested in any leadership opportunities? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Would you be interested in gifting a scholarship to a mom? Yes \_\_\_\_\_ No \_\_\_\_\_

**(Please email Alicia Reynolds before returning this form to confirm availability in Mops)**  
**~akreyn@gmail.com~**