

2013-2014 BVBC MOMSnext Registration Form



Welcome to MOMSnext! Please complete both sides of this registration form.

Last Name: _____ First Name: _____ M.I. _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Dietary Restrictions: _____

Home church (if applicable): _____

Husband's Name (if applicable): _____

Have you attended a MOPS or MOMSnext group before? Yes No

If yes, where? _____

How did you hear about this MOMSnext group? _____

Please list **all** your child(ren)'s name(s) and birthdate(s).

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

On occasion BVBC MOPS uses photos for MOPS related publicity. Only BVBC MOPS will use photos of youth/children and will never identify them by name without your permission.

I authorize BVBC MOPS to use photos that my child/ren appear in.

I do not authorize the BVBC MOPS to use photos that my child/ren appear in.

Tell us more about you - we will do our best to accommodate your requests on a first come, first serve basis.

1. Do you have preference for a Discussion Group Leader?

Yes, please place me with: _____ No

2. Would you like to be placed in the same group as another MOMSnext mom?

Yes, please place me with: _____ No

3. It's most important for me to be with my preferred: Discussion Group Leader Mom listed

4. Does your child(ren) attend: (check all that apply)

Elementary School Middle School High School

Public School Private School Charter School Home School

FOR GROUP USE ONLY

Reg. Form Received: _____ MOPS Int. Registration: _____ Discussion Group: _____

*Paid in FULL on: _____ Cash Check No: _____

*Scholarship - Amt. Paid by mom: \$ _____ Background Check Complete

First Time Visitor (Date): _____