

# 2013-2014 BVBC MOPS Registration Form



Register me for:  MOPS (2 meetings/month; 1 morning & 1 evening mtg.)  
 MOPS PM only (1 evening meeting/month)

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): \_\_\_\_\_

Please list **all** your child(ren)'s name(s) and birthdate(s). Only list allergies or special needs for children that will attend morning MOPS meetings and/ or nursing infants that will attend evening MOPS meetings.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Attends MOPS  
 Allergy/Special Needs: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Attends MOPS  
 Allergy/Special Needs: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Attends MOPS  
 Allergy/Special Needs: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Attends MOPS  
 Allergy/Special Needs: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Attends MOPS  
 Allergy/Special Needs: \_\_\_\_\_

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.**

- Rank what is the most important to you in a discussion group (1 most important – 3 least important):
  - [ ] Living within close proximity to other members of your group
  - [ ] Having members with similar age children
    - Birth – age 3  Preschool age  Elementary age
  - [ ] Being with moms closer to my age
    - 20-30's  30's  40's and up
- Do you have preference for a Discussion Group Leader?
  - Yes, please place me with: \_\_\_\_\_  No
- Would you like to be placed in the same group as another MOPS mom?
  - Yes, please place me with: \_\_\_\_\_  No
- It's most important for me to be with my preferred:
  - Discussion Group Leader  MOPS mom listed

Fill out the back side too please!

**FOR GROUP USE ONLY**

Reg. Form Received: \_\_\_\_\_ MOPS Int. Registration: \_\_\_\_\_ First Time Visitor (Date): \_\_\_\_\_ AM / PM  
 \*Paid in FULL on: \_\_\_\_\_  Cash  Check No: \_\_\_\_\_ Discussion Group: \_\_\_\_\_  
 \*Partial Pay on: \_\_\_\_\_  Cash  Check No: \_\_\_\_\_ \*Scholarship  
 Balance on: \_\_\_\_\_  Cash  Check No: \_\_\_\_\_ Amt. Paid by mom: \$ \_\_\_\_\_  
 Background Check Complete