



HNOJ MOPS Registration 2016-2017

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

Phone Number: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Have you attended a MOPS group before? _____ If yes, where? _____

Are you already registered for the MOPS International Membership? _____

Home Church (if applicable): _____

How did you hear about this MOPS group? _____

Please list your child(ren)'s name(s) and birthdate(s):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Husband's Name (if applicable): _____

Do you have an interest in Leadership or Committees? _____

What gifts can you bring to our group (i.e. knowledge on a particular subject, excellent social planning, amazing organizational skills, etc.)? _____

Day of MOPS (Thursday AM, Thursday PM, Friday AM):

1st Choice: _____ Number of Moppets attending: _____

2nd Choice: _____ Number of Moppets attending: _____

Optional Friend Request (dependent upon mutual request): _____

Will you have a baby that will transition to Moppets (turning 8 months old) anytime during the year? (If yes, please be sure to fill out a Moppets registration form.) _____

MOPS International Membership.....\$24.95

You will receive a Welcome Kit and *Hello, Dearest* magazine form MOPS International

Holy Name of Jesus Group Fee.....\$75.05

This fee covers meeting costs, craft supplies, speaker fees or gifts, leadership training, etc.

Total.....\$100.00

For HNOJ Use Only:

Date registration received: _____

Date registered for MOPS International: _____

Donation amount: _____



HNOJ MOPPETS Registration 2016-2017

MOPS Member Name: _____ Phone: _____

Day of MOPS: _____

Emergency Contact: _____ Phone: _____

Relation: _____

MOPPETS Information (Please fill out only for the children attending MOPS with you):

1. Name: _____ Date of Birth: _____

Allergies and/or Special Needs: _____

Helpful hints for your child (favorite song, book, rocking to soothe, etc.): _____

2. Name: _____ Date of Birth: _____

Allergies and/or Special Needs: _____

Helpful hints for your child (favorite song, book, rocking to soothe, etc.): _____

3. Name: _____ Date of Birth: _____

Allergies and/or Special Needs: _____

Helpful hints for your child (favorite song, book, rocking to soothe, etc.): _____
