



# 2010-2011 MOPS Registration

When registering, please include **this form, the MOPPETS form and your dues (checks may be written to MOPS at LCC)**. MOPPETS (children) must be registered at least one week prior to their first meeting to ensure adequate worker/child ratios. **Scholarships are always available for dues.**

Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Birthday (month and day) \_\_\_\_\_ Anniversary (month and day) \_\_\_\_\_

Have you attended a MOPS group before? •Yes •No If so, where? \_\_\_\_\_

Do you attend a church? •Yes •No (membership at the host or other church is **not** necessary)

If so, where? \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

Would you like to receive information on scholarships/financial assistance? •Yes ••No

Please list your child(ren)'s name(s) and birth date(s)...please mark whether or not they would be attending our MOPPETS program:

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M• F• MOPPETS? •Yes• •No

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M• F• MOPPETS? •Yes• •No

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M• F• MOPPETS? •Yes• •No

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M• F• MOPPETS? •Yes• •No

Husband's Name (if applicable): \_\_\_\_\_

Are you interested in being put on the MOPPETS worker roster 1X 2X or 3X this year?

Would you be willing to be listed "on-call" as a MOPPETS worker as a last minute fill-in this year? Y/N

Mark any of the following areas of interest/hobbies that you would like to be a part of the preparation team for the next year (as many as apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Crafts                           | <input type="checkbox"/> Web page design/upkeep               |
| <input type="checkbox"/> Photography/Scrapbooking         | <input type="checkbox"/> Organizing functions and/or speakers |
| <input type="checkbox"/> Working with children            | <input type="checkbox"/> Hospitality                          |
| <input type="checkbox"/> Planning activities for children | <input type="checkbox"/> Bookkeeping/Finances                 |
| <input type="checkbox"/> Small group leadership           | <input type="checkbox"/> Fundraising                          |
| <input type="checkbox"/> Desktop publishing/Newsletters   | <input type="checkbox"/> Other _____                          |

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*For MOPS Group Use Only:*

Date registration received/payment received: \_\_\_\_\_

Date registered for the MOPS-to-MOM connection: \_\_\_\_\_

Mail all completed forms (mom's and child's) along with dues to  
MOPS at LCC  
Attn: Registrar  
835 Lee Ave., SW  
Leesburg, VA 20175

For questions or information, contact Stefani at stefaniaubuchon@gmail.com