



MOMSNEXT

# First Assembly Registration 2017-2018



Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Do you have Facebook?  Yes  No

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Method of contact?  Call  Text  Email  Facebook

Marital status:  Married  Single  Divorced  Separated

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

Do you work outside the home?  Full-Time  Part-Time  Stay-At-Home

Do you have a home church?  If so, where : \_\_\_\_\_

If this is your first year with First Assembly MOPS:

How did you hear about our group? \_\_\_\_\_

Have you attended MOPS before:  Yes or  No

If yes, where? \_\_\_\_\_



Children:

First and Last Name: \_\_\_\_\_

Gender: M or F Attending Childcare: Yes No

Age Level: Birth – 5 years K – 5<sup>th</sup> grade 6<sup>th</sup> – 12<sup>th</sup> grade

Allergies/Special Instructions: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Gender: M or F Attending Childcare: Yes No

Age Level: Birth – 5 years K – 5<sup>th</sup> grade 6<sup>th</sup> – 12<sup>th</sup> grade

Allergies/Special Instructions: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Gender: M or F Attending Childcare: Yes No

Age Level: Birth – 5 years K – 5<sup>th</sup> grade 6<sup>th</sup> – 12<sup>th</sup> grade

Allergies/Special Instructions: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Gender: M or F Attending Childcare: Yes No

Age Level: Birth – 5 years K – 5<sup>th</sup> grade 6<sup>th</sup> – 12<sup>th</sup> grade

Allergies/Special Instructions: \_\_\_\_\_

Please check any of the following that interest you:

Hosting a Play Date at your home

Serving as a Greeter

Hosting a Mom’s Night Out at your home

Assisting with Set-Up

Assisting with Clean-Up

Creative Activities

Serving in child care (as needed)

Planning Special Events

Assisting with Fund Raising

Payment Plan:

\_\_\_\_\_ MOPS International fee \$32 (Due at Registration)

\_\_\_\_\_ \$50 for 1<sup>st</sup> and 2<sup>nd</sup> Semester Dues (Due by Sept. 17<sup>th</sup>)

\_\_\_\_\_ \$25 for 1<sup>st</sup> Semester (Due Sept. 17<sup>th</sup>, Remaining \$25 due by Jan. 21<sup>st</sup>)

\_\_\_\_\_ Please contact me about scholarship or alternate payment plans.

(Please mail registration forms and payment to: FACM, ATTN: MOPS, 108 Beck Lane, Lafayette, IN 47909)