



Registration Form 2009-2010



Welcome to MOPS at AELC! Registration fee is \$25.00 and payable to AELC MOPS.

First Name _____ Last Name _____

Mailing Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

Birthday ____/____/____ Husband's Name (if applicable) _____ Anniversary ____/____/____

Emergency contact name _____ Phone Number _____

Do you attend a church? YES-If so, where? _____ Occasionally No

How did you hear about our MOPS group? Already a member Other _____

May we include your information in our directory? Information is not shared outside our group. YES NO

Are you currently pregnant or planning to adopt? YES, Expected Due date? _____ NO

Moms may be asked to volunteer in the childcare area. For your children's safety, all volunteers must be previously background checked. You will contacted by the church office to complete this process.

_____ Initial to confirm understanding

We need your help. Our group is successful because of our volunteers. Please choose two (2) areas to help with during our year together. You will not have to help at every meeting. Just 1-2 times for the year.

- _____ Set-up for meeting (8:00 - 9:00 AM)
- _____ Crafts / Activities (assist leader)
- _____ Photographer (year long)
- _____ I don't have a preference. Call me, and I'll help!
- _____ Clean-up from meeting (11:30-12:00)
- _____ Child care during leader's meeting (2nd Thurs)
- _____ Take it table (clean up and drop off at Goodwill)
- _____ Fundraising (varies throughout year)

- MOPS Group Use Only -

Date received? _____ Payment received? YES _____ NO _____ SCH Other group _____

Packet? YES NO Registered online date? _____ Member # _____

_Distributed to: _____ Coordinator _____ DGL Coordinator _____ DGL _____ Mentor _____ Roster

Discussion Group: _____



MOPPETS INFORMATION

Please provide information for ALL of your children

Will this child be enrolled in the Moppets program? YES NO MALE FEMALE

First Name _____ Last Name _____

Month _____ Day _____ year _____ AGE: _____ years _____ months

As of 9/1/09, does your child: Crawling Beginning Walker Well Walker NA

As of 9/1/09, is your child: Diapered Potty Training Potty Trained

Allergies, medical conditions, other information we should know? NO

YES _____

(FOR GROUP USE ONLY: _____)

Will this child be enrolled in the Moppets program? YES NO MALE FEMALE

First Name _____ Last Name _____

Month _____ Day _____ year _____ AGE: _____ years _____ months

As of 9/1/09, does your child: Crawling Beginning Walker Well Walker NA

As of 9/1/09, is your child: Diapered Potty Training Potty Trained

Allergies, medical conditions, other information we should know? NO

YES _____

(FOR GROUP USE ONLY: _____)

Will this child be enrolled in the Moppets program? YES NO MALE FEMALE

First Name _____ Last Name _____

Month _____ Day _____ year _____ AGE: _____ years _____ months

As of 9/1/09, does your child: Crawling Beginning Walker Well Walker NA

As of 9/1/09, is your child: Diapered Potty Training Potty Trained

Allergies, medical conditions, other information we should know? NO

YES _____

(FOR GROUP USE ONLY: _____)

Will this child be enrolled in the Moppets program? YES NO MALE FEMALE

First Name _____ Last Name _____

Month _____ Day _____ year _____ AGE: _____ years _____ months

As of 9/1/09, does your child: Crawling Beginning Walker Well Walker NA

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Allergies, medical conditions, other information we should know? NO

YES _____

(FOR GROUP USE ONLY: _____)

