



Registration Form
2010-2011



Welcome to MOPS at AELC!

Registration cost is \$30.00 prior to May 28th (after it is \$35.00) and payable to AELC!
\$25 of your registration cost goes to MOPS International to pay for our sources and your membership.
The remainder stays in our group to offset expenses.
Scholarships are available. Please speak to Debbie Smith or Amy Buettner,
Directors of Children's Ministries.

First Name _____ Last Name _____

Mailing Address _____

City _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

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 if we put out a directory? YES No, thanks.

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

Moms may be asked to volunteer in the child care area during the year.
For your children's safety, all volunteers must be previously background checked.

_____ I have not been background checked and understand that I will be contacted by
the church office to complete this process.

_____ I have been background checked by American Evangelical Lutheran Church.

- Turn over, we need info on all of your children! -

- MOPS Group Use Only -	
Date received? _____	Payment received? YES <input type="checkbox"/> NO <input type="checkbox"/> SCH <input type="checkbox"/> Other <input type="checkbox"/>
Packet? YES <input type="checkbox"/> NO <input type="checkbox"/>	Registered Online Date? _____ Member # _____
Distributed to: <input type="checkbox"/> Coordinator <input type="checkbox"/> DGL Coordinator <input type="checkbox"/> DGL <input type="checkbox"/> Mentor	
Discussion Group: _____	

Please provide information on ALL of your children.

Will this child be enrolled in Moppets Child Care? YES NO Male Female
First Name _____ Last Name _____
Birthday: Month ____ Day ____ Year ____ Age as of 9/1/10: ____ years ____ months
As of 9/1/10, does your child: Crawl Beginning Walker Well Walker NA
As of 9/1/10, is your child: Diapered Potty Training Potty Trained
Allergies, medical conditions, other information we should know? NO YES,

Will this child be enrolled in Moppets Child Care? YES NO Male Female
First Name _____ Last Name _____
Birthday: Month ____ Day ____ Year ____ Age as of 9/1/10: ____ years ____ months
As of 9/1/10, does your child: Crawl Beginning Walker Well Walker NA
As of 9/1/10, is your child: Diapered Potty Training Potty Trained
Allergies, medical conditions, other information we should know? NO YES,

Will this child be enrolled in Moppets Child Care? YES NO Male Female
First Name _____ Last Name _____
Birthday: Month ____ Day ____ Year ____ Age as of 9/1/10: ____ years ____ months
As of 9/1/10, does your child: Crawl Beginning Walker Well Walker NA
As of 9/1/10, is your child: Diapered Potty Training Potty Trained
Allergies, medical conditions, other information we should know? NO YES,

Will this child be enrolled in Moppets Child Care? YES NO Male Female
First Name _____ Last Name _____
Birthday: Month ____ Day ____ Year ____ Age as of 9/1/10: ____ years ____ months
As of 9/1/10, does your child: Crawl Beginning Walker Well Walker NA
As of 9/1/10, is your child: Diapered Potty Training Potty Trained
Allergies, medical conditions, other information we should know? NO YES,
