



2014-15 MOPS International Registration Form

Welcome! Please complete this form so we can learn about you!

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

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Have you attended a MOPS group before? Yes No

If yes, where and when? _____

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: _____

Allergies you or your child have that we need to be aware of: _____

Childcare is provided as part of your registration for children birth through pre-school. List here if your child(ren) will NOT be coming on Tuesday mornings. _____

Husband's Name (if applicable): _____ Date of Anniversary: _____

Registration Fee \$60 ___ cash ___ check (Checks payable to St. James UMC)

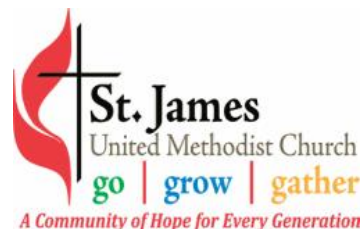
I would like to make a gift of \$_____ to help cover the cost of a scholarship for a fellow mom.

Scholarships and payment options are available (see reverse)

Registration space is limited, your completed registration form and payment/scholarship application saves your space.

Dual memberships (those interested in both Sunnybrook MOPS and St. James MOPS) will be honored as space is available.

Welcome to MOPS International – where better moms make a better world



Please return completed form to:
St. James United Methodist Church, 2032 S. Cypress, Sioux City, IA 51106
712-276-2667, scstjames@aol.com

Payment plans and scholarships available

____ \$30/semester (at registration and in January)

____ I can pay \$____/semester*

____ Full scholarship

*for more payment options, please leave a note here

For Group Use Only		
Date registration received:	Date payment(s) received:	Amt. pd:
Discussion Group assigned:		
Date registered for MOPS International Membership:		