



Wabash M♥PS

Registration Form 2011/2012

Please Print Clearly



M♥PPETS Registration (Children Attending MOPPETS)

Name: _____ DOB: _____

Address: _____

City, Zip: _____

Email: _____

Phone: _____ Wedding Anniversary: _____

Can we print this information in our MOPS directory? **Yes** **No**

Children attending MOPS:

Birthday

Name: _____

Name: _____

Name: _____

Name: _____

Older children not attending MOPPETS this year:

Birthday

Name: _____

Name: _____

Name: _____

Name: _____

How did you hear about MOPS? _____

Do you attend a church? **Yes** / **No** If yes, where? _____

Please circle areas of interest that you enjoy and/or have experience with:

- Clean up/Set up ~ Crafts ~ Budgeting/Accounting ~ Decorations
- Entertainment ~ Newsletters ~ Discussion Team ~ Hospitality ~ Publicity
- Greeter ~ Games/Ice Breakers ~ Fundraising ~ Kids Activities
- Computers/Technology ~ Outreach ~ Other: _____

For MOPS Group Use Only:

Date received: _____ M2M# _____

DG/Leader: _____

Date registered for M2M: _____ MOPPETS #: _____

Payment: Check# _____ Cash\$ _____

Scholarship Auth/Terms: _____

Name: _____ DOB: _____

Address: _____ Age Aug 31, 2011: _____

Phone: _____

Parents: _____

Person bringing them to M♥PS: _____

Relationship: _____

Emergency Contact: _____

Phone: _____

Allergies/Comments: _____

Is Child Potty Trained? **YES** / **NO**

Name: _____ DOB: _____

Address: _____ Age Aug 31, 2011: _____

Phone: _____

Parents: _____

Person bringing them to M♥PS: _____

Relationship: _____

Emergency Contact: _____

Phone: _____

Allergies/Comments: _____

Is Child Potty Trained? **YES** / **NO**

See back for additional MOPPETS registration.



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Address: _____ Age Aug 31, 2011: _____

Phone: _____

Parents: _____

Person bringing them to M♥PS: _____

Relationship: _____

Emergency Contact: _____

Phone: _____

Allergies/Comments: _____

Is Child Potty Trained? YES / NO

Name: _____ DOB: _____

Address: _____ Age Aug 31, 2011: _____

Phone: _____

Parents: _____

Person bringing them to M♥PS: _____

Relationship: _____

Emergency Contact: _____

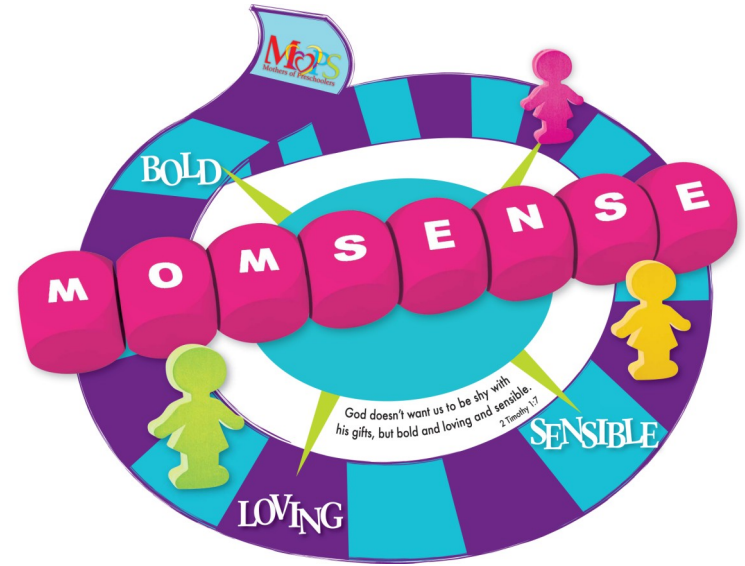
Phone: _____

Allergies/Comments: _____

Is Child Potty Trained? YES / NO



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REGISTRATION

Form

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