



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 – 5th grade 6th – 12th grade

Allergies/Special Instructions: _____

First and Last Name: _____

Gender: M or F Attending Childcare: Yes No

Age Level: Birth – 5 years K – 5th grade 6th – 12th grade

Allergies/Special Instructions: _____

First and Last Name: _____

Gender: M or F Attending Childcare: Yes No

Age Level: Birth – 5 years K – 5th grade 6th – 12th grade

Allergies/Special Instructions: _____

First and Last Name: _____

Gender: M or F Attending Childcare: Yes No

Age Level: Birth – 5 years K – 5th grade 6th – 12th 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 1st and 2nd Semester Dues (Due by Sept. 17th)

_____ \$25 for 1st Semester (Due Sept. 17th, Remaining \$25 due by Jan. 21st)

_____ 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)