

MOPS Registration Form

Mothers of Pre-Schoolers at Heritage Park Alliance Church

September 2018 – May 2019



Please return form with payment by June 15th, 2018 for early-bird pricing

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Birth Date: ____/____/____

Best Way to Reach You: Text Phone Facebook E-mail (DD/MM)

Cell #: _____ Email: _____

Favourite Chocolate Bar: _____

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

Have you attended a MOPS group prior to this? Yes No Location: _____

Do you have a home church? Yes No Location: _____

How did you hear about this MOPS group? _____

CHILDREN

OFFICE USE ONLY

Please list ALL your child(ren)'s name(s) and birthdate(s) (Month, Day, Year)

Name: _____ Birth Date: _____ Attending Not Attending

Age as of September 1, 2018: _____ Allergies (if applicable): _____

Nu 2
 1 3+
 Not App.

Name: _____ Birth Date: _____ Attending Not Attending

Age as of September 1, 2018: _____ Allergies (if applicable): _____

Nu 2
 1 3+
 Not App.

Name: _____ Birth Date: _____ Attending Not Attending

Age as of September 1, 2018: _____ Allergies (if applicable): _____

Nu 2
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Name: _____ Birth Date: _____ Attending Not Attending

Age as of September 1, 2018: _____ Allergies (if applicable): _____

Nu 2
 1 3+
 Not App.

Name: _____ Birth Date: _____ Attending Not Attending

Age as of September 1, 2018: _____ Allergies (if applicable): _____

Nu 2
 1 3+
 Not App.

Special Needs/ Medical Concerns/ Diagnosis we should be aware of:

Photo/Video Release

I give permission for photos/video of my child(ren) to be taken and used for church promotion including social media YES NO

I give permission for photos/video of myself to be taken and used for church promotion including social media YES NO

Signature: _____

SERVICE OPPORTUNITIES

- I would like to help with the Hospitality Team (Set-Up, Take Down, Décor, Coffee/Tea)
- I would like to be a Discussion Group Leader (Table Leader, Connecting with Moms)
- I would like to help organize crafts for our MOPS Moms
- I would like to help organize Service Projects (Activities to serve the greater community)

PAYMENT INFORMATION

STANDARD

A current MOPS International membership + programming fees are required to finalize registration.

**EARLY BIRD rates apply until June 15th 2018, after which STANDARD rates apply.*

Full Year Term – September 2018 – May 2019

PLEASE CHECK ONE OF THE OPTIONS BELOW:

- *EARLY BIRD 2018 YEAR which includes MOPS international registration fee - \$120
- STANDARD 2018 YEAR which includes MOPS international registration fee - \$135

SPONSORSHIP

I would benefit from sponsorship. I am able to contribute \$ _____ toward my registration fees.

OR

I would like to sponsor another Mom to attend the 2015/2016 Programming Year

- My sponsorship is for _____
- Please choose a Mom in need.

By signing this document, I understand I am entering into a contract with Heritage Park Alliance Church. I permit Heritage Park Alliance Church to email the address above with information or news regarding MOPS. Furthermore, I release Heritage Park Alliance Church and all employees and volunteers from any and all actions, suits, claims, demands and liabilities including negligence, and expenses you have or may have in the future in connection with, arising from or related to yours or your child's involvement with or participation in these activities.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Form Returned: _____ Form Returned to: _____

Total Paid by Registrant: _____ + Sponsorship Amount: _____

Payment Made with Form Submission: Yes – FULL Payment No - Partial Payment

*IF Partial Payment: Amount Owing: \$ _____

Date of 2nd Payment: _____

Payment Complete Yes No

Form of Payment: Cash Cheque Other: _____

Date Registered with MOPS International: _____

this is motherhood