



MOPS Registration Form

Last name: _____ First name: _____

Spouse's name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Birthday: _____ Today's date: _____

Please list your children's names + birthdates.

Circle Yes / No to indicate whether or not they'll need care during MOPS meetings.

Name: _____ DOB: _____ Yes / No

Name: _____ DOB: _____ Yes / No

Name: _____ DOB: _____ Yes / No

Name: _____ DOB: _____ Yes / No

- Have you attended a MOPS group before? Yes / No
- If yes, where? _____
- How did you hear about *this* MOPS group? _____

Payment Methods

Card – Visit **MOPS.com**. Click “Become a Member,” and follow the prompts. **4-digit group code: 8S7W**

Cash or Check – Submit to a MOPS leader. (Make checks payable to **Covenant Presbyterian Church.**)

Annual Membership Fee \$32.00

Mentor Moms' Annual Membership Fee \$34.00