

**La Casa de Cristo Lutheran Church**

6300 East Bell Road  
Scottsdale, AZ 85254  
480-948-1234

**2007/2008 MOPS REGISTRATION**

**I am Registering for:**

\_\_\_\_\_ **TUESDAY MOPS (9:15-11:45 a.m.)**

\_\_\_\_\_ **WEDNESDAY MOPS (9:15-11:45 a.m.)**

\_\_\_\_\_ **TWILIGHT MOPS (7:00-9:00 p.m.)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Birth date \_\_\_\_\_ Anniversary \_\_\_\_\_

Husband's Name & Birth date \_\_\_\_\_

Names and birthdates of children **NOT** attending MOPS/MOPPETS:

1. \_\_\_\_\_

2. \_\_\_\_\_

**I am** \_\_\_\_\_ **New to MOPS**

**I am** \_\_\_\_\_ **Returning to MOPS**

If childcare on your preferred day is full, can you attend the other day?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Small Group Preference:** Please assign me with this **one** friend:

Name: \_\_\_\_\_

**Child(ren) To Enroll in Moppets:** (List only children who will attend Moppets)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you Expecting? Yes or No (please circle)**

**If yes; DUE DATE?** \_\_\_\_\_

*Payment Options for 2008-2009*

**Enclosed is:**

- \$180.00 Registration Fee & Annual Fee**
- \$30.00 Registration Fee. Balance due by 8/1/08.**
- Please enroll me in MOPS; I will be contacting Jennine to apply for financial assistance.**
- Accept the enclosed amount as a gift so that someone else may attend MOPS. \$ \_\_\_\_\_**

**\$ \_\_\_\_\_ TOTAL ENCLOSED**

**ALL FEES ARE NON-REFUNDABLE.**