

2009/2010 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)

Child's Name	M/F	Birthdate
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Child's Name	M/F	Birthdate
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Child's Name	M/F	Birthdate
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Child's Name	M/F	Birthdate
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Are you Expecting? Yes or No (please circle) If yes; **DUE DATE?** _____

Payment Options for 2009-2010

Enclosed is:

_____ \$160.00 Registration Fee & Annual Fee

\$160.00 with 4 payments of \$40.

_____ \$40.00 Payment #1. Due at Registration

\$40.00 Payment #2. Due September 1

\$40.00 Payment #3. Due January 1

\$40.00 Payment #4. Due March 1

The payment plan MUST be paid in full by March 1.

_____ Scholarship: I can only afford to pay \$ _____

I will have this paid in full by _____

_____ Accept the enclosed amount as a gift so that someone else may attend MOPS. \$ _____

\$ _____ TOTAL ENCLOSED

ALL FEES ARE NON-REFUNDABLE.

NEW!!

Sign me up for the MOPS Google Discussion Group

___ Yes ___ NO

___ I have questions, please call me.

**La Casa de Cristo Lutheran Church
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