

MOPS of BCCC REGISTRATION FORM 2010-2011

Mother's Name		Birth Date	
Address			
Home Number		Cell Number	
Husband's Name (optional)			
Email Address			
Home Church			
Do you want us to give your e-mail to MOPS International for the Mom-E-Mail benefit? Yes <input type="checkbox"/> No <input type="checkbox"/>			
CHILDREN			
Name	Birth Date	Gender	Will be in MOPPETS
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate any allergies or special instructions we need to be aware of below.			
<i>If your child has allergies or any medical condition requiring special attention, please note it on his/her nametag each week. Also, please make the teacher aware of special needs or concerns EVERY time you come to MOPS. Please feel free to talk to the Moppets coordinator with any questions regarding this policy.</i>			
Dues will be collected twice: \$40 for each of the two semesters.			
Make checks payable to MOPS of BCCC and mail to:			
MOPS of BCCC c/o Bucks County Community Church 1249 W. Maple Avenue Langhorne, PA 19047			

This section to be completed by the Finance Coordinator only

First Semester			Second Semester		
Check #	Amount:	Date Deposited:	Check #	Amount:	Date Deposited: