

**MOPS REGISTRATION FORM
2008-2009**

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 No



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.

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.

Dues will be collected twice: \$40 for the 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