

St. John Church MOPS REGISTRATION FORM 2018-19

Thursday Mornings, 9:15 a.m. – 11:00 a.m. Circle one: **Gold** group, **Silver** group, **No Preference**

Last Name	First	MI	Phone # (w/ ar	ea code)	Cell # (w/ area	code)	
Street Address							
City	State			Zip			
Birthday (month/da	ay)			E-mail Add	lress		
Husband's name (if applicable) Wor	k or Cell Phone #	Emer	gency Cont	act (Name/Ph #)		
Do you attend a		Years in MOPS					
Have you attended MOPS elsewhere? ☐ No ☐ Yes at				Referred to MOPS by:			
	ared to receive babies					date. Our MOPS KIDS lcome to stay with their	
	<u>Name</u>	Male/Female	Birthdate (mo. / day / year)	during t	KIDS childcare he meetings? No Not Sure (please explain)	* MOPS KIDS has Special needs	
			//				
			//				
			//				
			//				
			//				
*Briefly describe	child's special need:						
	ach Thursday morni day morning group'					IOPS year for the	
	40 per semester are co coordinator about the a					inancial difficulties, please	
We look forward to	another great MOPS y	ear!					
Your 2018-19 M	OPS Coordinators,						
Kelly Rosemann Amy Calzada (G							