



#thisismotherhood

Mother's Registration Form

ST. PAUL LUTHERAN CHURCH 2019-2020

MOPS is for Moms, by Moms.

Last name: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Birth Date: ____/____/____ (Month/Day) Wedding Anniversary Date, if applicable: ____/____/____ (Month/Day)

Husband's Name, if applicable: _____ Husband's Phone: _____

Are you a member of St. Paul's Lutheran Church?..... Yes No

If no, are you a member of another church? Yes (which one) _____ No

Have you ever been involved with another MOPS group besides the St. Paul group? Yes No

If yes, where? _____ Did you hold any leadership positions? Yes No

Please fill out a MOPPETS Registration Form [on the back] for your child(ren) attending the MOPPETS program.
Additional names of children who are NOT attending the MOPPETS program:

Name: _____ Birthday: ____/____/____

Name: _____ Birthday: ____/____/____

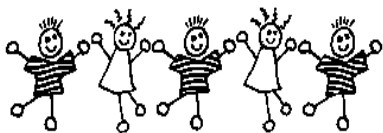
Name: _____ Birthday: ____/____/____

FEE INFORMATION: We will be charging per semester for the 2019-2020 MOPS year.
Semester 1 (September-December): \$45.00 Semester 2 (January-May): \$45.00
\$31.95 of your first semester registration goes toward MOPS International membership (required per the charter that the church holds). **Your \$45.00 registration fee must accompany this registration form.**

Make checks payable to: ST. PAUL LUTHERAN CHURCH with "MOPS" in the Memo line

**If for any reason you are unable to pay or unable to pay per this schedule, please contact St. Paul for confidential assistance. Funds are available.*

**Please return this form with your \$ 45.00 registration fee to:
St. Paul Lutheran Church
701 Washington St.
Grafton, WI 53024**



MOPS Kids Registration Form

St. Paul Lutheran Church 2019-2020

After each child's name, please give a brief history of his/her health if necessary, including any allergies and medications currently being taken, as well as any information that could be helpful to our MOPPETS volunteers. Please note: MOPPETS volunteers *cannot* administer any medication.

Child's last name: _____ First: _____ Middle: _____

Birth date: _____ Gender: Male Female

Yes, my child will need to be picked up from St. Paul's Preschool Program. (Teacher's Name _____)

Child's last name: _____ First: _____ Middle: _____

Birth date: _____ Gender: Male Female

Yes, my child will need to be picked up from St. Paul's Preschool Program. (Teacher's Name _____)

Child's last name: _____ First: _____ Middle: _____

Birth date: _____ Gender: Male Female

Yes, my child will need to be picked up from St. Paul's Preschool Program. (Teacher's Name _____)

Mother's/Guardian's Last name: _____ First: _____ Middle: _____

Additional Emergency Contact:

Name: _____ Phone: _____ Relationship to child: _____

I understand that children are placed in MOPPETS classrooms based upon their birthdates and that these classrooms are staffed by volunteers.

Signed

Date