

MOPS Registration 2011-2012

Date ___/___/___



Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

Last Name: _____ First Name: _____

Home Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Have you attended a MOPS group before? Yes No

If yes, where? _____

Are you registered for the MOPS International Membership? Yes No

Home church (if applicable): _____

How did you hear about this MOPS group? _____

What school district do you live in? _____

Please list your children's names/birthdates (even if they are not attending MOPPETS):

Child's Name	Date of Birth	Age on 9/1/2010	MOPPETS?
1. _____	_____	_____	Yes/No
2. _____	_____	_____	Yes/No
3. _____	_____	_____	Yes/No
4. _____	_____	_____	Yes/No
5. _____	_____	_____	Yes/No

List any food/other allergies and child's name: _____

Husband's Name (if applicable): _____ Wedding Anniversary (month/date) _____

Emergency Contact – Name: _____

Phone Number: _____ Relationship: _____

**FILLING OUT THIS REGISTRATION FORM DOES NOT GUARANTEE YOUR ENROLLMENT IN MOPS.
AVAILABILITY WILL BE DETERMINED WHEN MOPPETS WORKERS ARE SECURED.**

TURN OVER to sign Multimedia Release →

For Steering Use Only

Registration Fee _____ Database _____ MOPS Int. _____ Discussion Group _____



Multimedia Release Form

Throughout the MOPS year, photographs, digital images, or video segments may be used in print or electronic media. Uses for photograph or video may include publicity (newsletters, advertising, etc), power point presentations, and Web content. Any photographs published online will be used with discretion with no names being used. By acknowledging consent, you are permitting Otsego MOPS to publish, exhibit, and distribute these materials.

_____ ***I give consent to Otsego MOPS to publish, exhibit, and distribute photographs or videos of myself and/or my children. I understand I may revoke this consent at any time for any reason.***

_____ Parent/guardian name (please print)

_____ Parent/guardian signature/Date

Children's Names: _____

_____ ***I do not give consent to Otsego MOPS to publish, exhibit, or distribute photographs or video of my child and/or myself.***

_____ Parent/guardian name (please print)

_____ Parent/guardian signature/Date

Children's Names: _____
