

Child Registration Form

Child's Name _____

Mom's Name _____

Child's Birthday ____ / ____ / ____ Have they been to school before? _____

Does your child have any allergies? (Food or other - please list below)

Does your child have an epi-pen? _____ Does your child have an inhaler? _____

Does your child have any social/emotional/behavioral concerns that we should be aware of?

Has your child been baptized? _____ Child's Baptism Date ____ / ____ / ____

An age-appropriate lunch will be provided for each child, and included in the cost of your registration. If you'd rather send a lunch with your child, please send it in a bag clearly marked with his/her full name. *Please select one option below to help us better plan for meals:*

_____ My child will eat the lunch provided

_____ My child will bring their own lunch

Please fill out a separate copy of this form for each child that will be attending MOPS.

Completed forms should be mailed or emailed, along with your MOPS registration form, to:

Kelsey Tichenor
529 Shenandoah Trl.
Elgin, IL 60123
mrs1btv@gmail.com



2017-2018 MOPS International Registration Form

Last Name: _____ First Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Birthday: _____

Have you attended a MOPS group before? Yes___ No___ **If yes, where?**

Are you registered for MOPS International Membership? Yes___ No___

Home church (if applicable):

How did you hear about this MOPS group?

Please list your child(ren)'s name(s) and birth date(s):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

You may choose to pay \$10.00 per meeting (at the time of the meeting), or pre-pay \$80.00 in full (at the time of registration). Keep in mind there are 9 meetings throughout the year, so you receive a discount if you choose to pre-pay.

Please check one of the following payment options:

___ One-Time Fee (includes 9 meetings) – \$80.00 (Pay at time of registration)

___ Month-By-Month Fee - \$10.00 (Pay at the time of each meeting)

Please email or mail this form (with your check if pre-paying) payable to Good Shepherd Lutheran Church:

Kelsey Tichenor
529 Shenandoah Trl.
Elgin, IL 60123
mrs1btv@gmail.com