



MOPS at Chandler Christian Church

# Registration Checklist

You are Registered for Fall 2008 when:

1. You fill out the Registration Form.
2. You fill out the MOPPETS Registration Form for EACH child. You have 2 in your packet. Please pick-up extras for any additional children **attending** MOPPETS.
3. You sign and date the Commitment Form.
4. Dues for the fall are \$55.00. To register, you must pay \$25.00 now for your MOPS International Dues. Please make checks payable to Chandler Christian Church. This is NON-REFUNDABLE. If you choose not to participate in CCC MOPS in the fall, you will still be registered with MOPS International and will receive the magazine and goody box. The remaining \$30.00 will be collected at our first meeting.



MOPS at Chandler Christian Church  
**Registration Form**  
**2008-2009**

Please complete this form so that we can learn some basic information about you.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Email address \_\_\_\_\_

Which group are you going to attend?

\_\_\_\_\_ **Mon Evening** \_\_\_\_\_ **Weds Morning** \_\_\_\_\_ **Thurs Morning** \_\_\_\_\_ **Teen**

Have you attended a MOPS group before?  Yes  No

If so, where? \_\_\_\_\_

Do you attend a church?  Yes  No If so, where? \_\_\_\_\_

I would like information on:  becoming a Christ follower  church membership

Please list your children's names and birth dates:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Husband's name (if applicable): \_\_\_\_\_

For MOPS Group Use Only:

Date registration received: \_\_\_\_\_

Date payment received: \_\_\_\_\_

Discussion Group assigned: \_\_\_\_\_

Date registered for the MOPS to Mom Connection: \_\_\_\_\_



MOPS at Chandler Christian Church

# Commitment Form

We are so glad that you have decided to be a part of MOPS at Chandler Christian Church! The purpose of MOPS is to nurture every mother of preschoolers by meeting her distinct needs to the glory of Jesus Christ. We will strive to make this purpose a reality for each of our moms but need a little help. **To help make each and every meeting a blessing to all, we would like to ask the following of our MOPS moms:**

Each member is asked to make coming to MOPS a priority. We have a number of women on the waiting list each year desiring to become a part of our group. Please try to be considerate of this fact by making attendance at meetings a priority. Please let us know if you will no longer be able to attend.

Each member will be asked to uphold the MOPS mission statement: "The purpose of MOPS International is to nurture every mother of preschoolers by meeting her distinct needs to the glory of Jesus Christ."

Each table will be asked to participate in bringing food to designated meetings.

Each table will be asked to honor our Moppets workers and volunteers.

Please sign and date this commitment form and turn in with your registration. Thanks for joining us in making this a great MOPS year! Your participation makes all the difference in our success.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



# MOPPETS Registration Form

For Children birth through 6 years old only

Mon. Group \_\_\_\_\_ Wed. Group \_\_\_\_\_ Thurs. Group \_\_\_\_\_ Teen \_\_\_\_\_

Child's Last name: \_\_\_\_\_ First: \_\_\_\_\_ M I: \_\_\_\_\_

Birth date: \_\_\_\_\_

Mother's Last name: \_\_\_\_\_ First: \_\_\_\_\_ M I: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Last name: \_\_\_\_\_ First: \_\_\_\_\_ M I: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Family Dr Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special needs instructions; any allergies: \_\_\_\_\_

Emergency Contact(other than parent): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Siblings in Moppets:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I understand that as a participant in MOPPS, I am to remain on campus while my child is in the Moppets program.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



# MOPPETS Registration Form

For Children birth through 6 years old only

Mon. Group \_\_\_\_\_ Wed. Group \_\_\_\_\_ Thurs. Group \_\_\_\_\_ Teen \_\_\_\_\_

Child's Last name: \_\_\_\_\_ First: \_\_\_\_\_ M I: \_\_\_\_\_

Birth date: \_\_\_\_\_

Mother's Last name: \_\_\_\_\_ First: \_\_\_\_\_ M I: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Last name: \_\_\_\_\_ First: \_\_\_\_\_ M I: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Family Dr Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special needs instructions; any allergies: \_\_\_\_\_

Emergency Contact(other than parent): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Siblings in Moppets:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I understand that as a participant in MOPPS, I am to remain on campus while my child is in the Moppets program.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date