

**Woodinville Alliance Church**

**2018-2019 MOPS International Registration Form**

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

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Husband’s Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended a MOPS group before? ❒ Yes ❒ No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend church? ❒ Yes ❒ No Home church (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your child(ren)’s name(s) and birthdate(s):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Will this child be needing childcare during MOPS? ❒ Yes ❒ No ❒ Maybe (Please explain below)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this child be needing childcare during MOPS? ❒ Yes ❒ No ❒ Maybe (Please explain below)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Will this child be needing childcare during MOPS? ❒ Yes ❒ No ❒ Maybe (Please explain below)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Will this child be needing childcare during MOPS? ❒ Yes ❒ No ❒ Maybe (Please explain below)

Explanation of any “Maybe” responses: (i.e. On waitlist for morning Pre-K, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there someone that you would like to sit with at MOPS (please limit to one person)?

By registering for this MOPS group, you understand that you will be asked to contribute to group meals 1-2 times per semester. Additionally, you will be placed on a rotating list to fill-in as a substitute in a childcare room 1-2 times per semester. We cannot guarantee that you will substitute in your child’s classroom.

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| --- |
| **For MOPS Group Use Only**  |
| Date registration received:  |
| Discussion Group assigned:  |
| Date registered for MOPS International Membership:  |

**Registration Form 2018-2019**

**For MOPS @ Woodinville Alliance Church
Please complete one form for each child who will need or who MIGHT need childcare during MOPS. If your plans for your child for the fall are uncertain at this time, please make a note at the bottom of the page and someone will follow-up with you closer to fall. Thanks!**

Child's Last Name: First Name: Middle Initial:

Birth Date:

Mother's Last Name: First Name:

Email address:

Phone:

Address:

City: State: Zip:

Father's Last Name: First Name:

*(if applicable)*

Best Phone: Work Phone:

Does father live at home? () Yes () No

**Family Doctor:**

Name: Address: Phone:

**Additional Emergency Contact:**

Name: Phone: Relationship to Child:

Siblings (names and birth dates):

Favorite toys, songs, games, foods:

Special Needs/Allergies:



**SCHOOL-AGED**

**Registration Form 2018-2019**

**For MOPS @ Woodinville Alliance Church
Please complete one form for each school-aged child who MIGHT need childcare during his/her school breaks. Confirmation of childcare arrangements will be made closer to the scheduled school breaks.**

Child's Last Name: First Name: Middle Initial:

Grade in School for 2018-2019 school-year:

School District Enrolled in:

Mother's Last Name: First Name:

Email address:

Phone:

**Family Doctor:**

Name: Address: Phone:

**Additional Emergency Contact:**

Name: Phone: Relationship to Child:

Siblings (names and birth dates):

Special Needs/Allergies: