



**MOPS 2008-09 Registration Form  
Puyallup Nazarene Church**

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Husband/Significant Other: \_\_\_\_\_ Anniversary: \_\_\_\_\_

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

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

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

E-mail Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Is it OK to share your e-mail and phone number and address with the MOPS group?  Yes  No

Do you attend church? If so, which one? \_\_\_\_\_

In case of emergency, who should we contact?

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

**Childcare Requirements:**

Please list the names/birthdates of all of your children and indicate those who will be participating in MOPPETS.

MOPPETS?	CHILD'S NAME	BIRTHDATE (MM/DD/YY)	CURRENT AGE	Allergies?

Special needs and instructions / allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Committee Use Only:**

Date Received:	
Payment Received (\$):	
Date Registered with MOPS:	
Discussion Group Assigned:	