



# EVENING MOPS - Session 3 Registration Form 2008 / 2009

• Please tell us about you and your children.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Bday: \_\_\_\_\_ Marital status: \_\_\_\_\_ Anniversary: \_\_\_\_\_  
Do you attend church? \_\_\_\_\_ If so, where? \_\_\_\_\_  
What did you do before motherhood?: \_\_\_\_\_ Email: \_\_\_\_\_  
Do you work outside the home?: \_\_\_\_\_  
If so, in what capacity: \_\_\_\_\_

• Children under 2 years old (include pregnancies):

\_\_\_\_\_ Bday: \_\_\_\_\_ \_\_\_\_\_ Bday: \_\_\_\_\_

• Children over 2 years old:

\_\_\_\_\_ Bday: \_\_\_\_\_ \_\_\_\_\_ Bday: \_\_\_\_\_  
\_\_\_\_\_ Bday: \_\_\_\_\_ \_\_\_\_\_ Bday: \_\_\_\_\_

• Childcare reservations must be made by the Tuesday prior to our meeting night.  
The cost is \$7 per child night and is due the night of the meeting. Please choose one.

I will not need childcare: \_\_\_\_\_ I will let you know: \_\_\_\_\_

• There are many FUN ways you can get involved with MOPS!

Please choose your area(s) of interest.

Creativities: \_\_\_\_\_ Hospitality: \_\_\_\_\_ Publicity: \_\_\_\_\_  
Fundraising: \_\_\_\_\_ Table Leader: \_\_\_\_\_ Party Planner / Send Cards: \_\_\_\_\_

• Are you in need of a scholarship? Y \_\_\_\_\_ N \_\_\_\_\_

• Registration Fees & Mailing Your Form.

Fees are \$35 for each semester. Please make your check payable to RHCC and send to:

Chanda Paz 2219 248th Street #4 Lomita, CA 90717

Thank You For Registering For MOPS!

We look forward to an exciting year!