



# Registration Form

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Which is best to call you at?  Home  Cell How else can we contact you?  Email  Text Msg.

Other \_\_\_\_\_

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

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

Street Address, if Different than Mailing: \_\_\_\_\_

Birthday (Including Year): \_\_\_\_\_ E-mail (As it is typed): \_\_\_\_\_

Have you attended a MOPS group before?  Yes  No

If so, where and when? \_\_\_\_\_

Do you attend a church?  Yes  No

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

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

Would you like us to help you with transportation?  Yes  No Are you able to give another mom a ride?  Yes

No Please list your child(ren)'s names and birth dates:

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

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

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

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

This person is my  Husband  Fiancé`  Boyfriend Wedding Anniversary:

\_\_\_\_\_

If you are engaged, when and where are you planning on getting married? \_\_\_\_\_

### RELEASE INFORMATION:

WRCC Teen MOPS of Hamilton Co. has my permission to release (your name) \_\_\_\_\_ and (your Childs(ren) names) \_\_\_\_\_ Phone number and address to be included in a compiled list and distributed within the Teen MOPS group. This list comes in handy for play dates, rides, and mothering questions.

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

### ADVERTISEMENT INFORMATION:

I, \_\_\_\_\_, give permission for Teen MOPS volunteers and staff to take pictures of my child (ren) \_\_\_\_\_ and myself for presentations on Teen MOPS that may be used for the advancement of more Teen MOPS groups and fundraising.

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

*For Teen MOPS Group Leaders Use Only:*

Date registration received: \_\_\_\_\_ Discussion Group assigned: \_\_\_\_\_

Date registered for the Mom-to-Mom Connection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does this mom need a ride?  YES  NO Number of seats needed \_\_\_\_\_

Release for group received:  YES  NO

Release for advertisement received:  YES  NO