

SPRING 2012 MOPS of WHC

Registration Form

Mail to: WHC | 1770 E 6200 S, Ogden, UT 84405 | ATT: MOPS

Mom

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone # Home: _____ Work: _____ Cell: _____
 Email: _____ Birthday: _____
 Home Church: _____

Children

Please note: MOPPETS is only available for children ages newborn to kindergarten whose mom is attending MOPS. Please list all your children and check the MOPPETS box only if they will be attending with you on Friday mornings.

Name	Birthday mm/dd/yyyy	Age	Gender M/F	Attending MOPPETS?	Allergies?

Fees:

WHC Fee with MOPPETS \$35
 WHC Fee without MOPPETS \$15

We do not want financial constraints to hinder anyone from participating. If this is a concern for you, please contact Pam (x4221 or pam.s@theheightscommunity.org).

Please make checks payable to “WHC MOPS”

MOPS Group Preference:

Please let us know if there is anyone whose small group you would like to be a part of. We will attempt to honor your request, however, we cannot guarantee your group selection. We appreciate your flexibility and understanding.

One other person whose group I would like to be in: _____

Signature: _____ Date: _____

For Office Use Only

Date	With MOPPETS	Without MOPPETS	MOPS International Fee	Payment Amount	Check # or Cash
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