

2016-2017 MOMSnext Registration Form

Welcome! Please complete this form so we can learn about you!

Last Name:	First Name:		M.I
Address:		Phone:	
City:	State:	Zip code:	
Email:			
Have you attended a MOMSnext group before? □ \	Yes □ No If yes, where?		
Do you attend church? ☐ Yes ☐ No If yes, where?	?		
Please list your child(ren)'s name and birthdate and	note if they need to be enr	olled in childcare or o	ur homeschool class:
Name:	Date of Birth: _	M	OPPETS: □ Yes □ No
		HOMES	CHOOL: ☐ Yes ☐ No
Name:	Date of Birth: _	M0	OPPETS: □ Yes □ No
			CHOOL: ☐ Yes ☐ No
Name:	Date of Birth: _	M0	OPPETS: □ Yes □ No
			CHOOL: ☐ Yes ☐ No
Name:	Date of Birth: _	M0	OPPETS: □ Yes □ No
			CHOOL: ☐ Yes ☐ No
Husband's Name (if applicable):			
What special skills/talents do you possess?			
MOMSnext Membership Fee(You will receive a Welcome Package from MOPS	S International)		
Dues		🗆 Fall 2016 (\$25) 🛚	□ Spring 2017 (\$25)
"Paid In Full" Discount (If paying Membership Fee	e + 2 Dues in one transaction	on)	- \$10.00
Total			\$
For MOPS Use Only			
Date registration received: Ch	neck or Cash (circle one)	Check #:	
Discussion Group assigned:			
Date registered for MOMSnext Membership:			