



REGISTRATION FORM 2009-2010

Name _____

Address _____

Phone _____ Cell phone _____

E-mail _____

Husband's Name & Emergency Phone Number _____

Birthday _____ Anniversary/Year _____

Your Home Church _____

Initially Referred to MOPS by _____

Children - Please list **ALL** your children & check those who will attend MOPS with you. Please list any allergies or special needs (i.e. potty training) we should be aware of.

Name _____ Birthdate _____

Allergies? _____ Special Needs _____

Name _____ Birthdate _____

Allergies? _____ Special Needs _____

Name _____ Birthdate _____

Allergies? _____ Special Needs _____

Name _____ Birthdate _____

Allergies? _____ Special Needs _____

Name _____ Birthdate _____

Allergies? _____ Special Needs _____

The cost of registration for the year is \$115. If any part of this registration fee is a hardship, please contact Christine Ladd at (203) 354-2676. Scholarships and other payment options are available. All arrangements are kept confidential. All registrations will be processed on a first received, first registered basis.

PLEASE MAKE CHECKS PAYABLE TO "MOPS OF WILTON", and mail to: Beth Anderson, 131 Whipstick Road, Wilton, CT 06897. This form can be emailed to bethanderson331@yahoo.com.

