



Hiland Park Baptist Mothers of Preschoolers

Registration Form

Name:

DOB:

Full Address:

Prior MOPS Attendee?

Email:

Home Phone:

Cell Phone:

Husband's Name:

Anniversary (if applicable):

Husband's Work Phone:

Cell Phone:

Do you attend a church?

If yes, where?

Referred to MOPS by:

Are you expecting? Do you know your due date?

If you are military, do you expect your husband to be deployed during the MOPS year?

Do you expect to be moving or PCSing during the MOPS year?

Child's Name	DOB	Crawling/cruising/ walking?	Potty Trained?	T-shirt size (as of 9/09)	Need MOPPETS?

Does Father live at home?

Pediatric Doctor:

Doctor's Address & Phone:

Additional Emergency Contact:

Emergency Phone & Relationship:

Medical Conditions, Special Needs & Instructions, Allergies:

Please make your checks for \$23.95 out to Marin O'Brien.

Mail your check and form to Darlene Whittington at 3707 Baytree Rd.; L.H., FL 32444.

Upon receipt of your money and form, a spot for you will be reserved for the 09-10 year.