



MOPS & MOMSNEXT

Registration Form 2021-2022

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

*NOTE: Some unknowns still remain this year, but we do plan on having childcare available again!, We have limited spots available, so if you have access to your own childcare we would appreciate if you could utilize that on Mops mornings so those who do not can still come. We are again charging a flat fee to attend Mops and then \$10 per child for childcare for the year, so you will see that reflected below.

Start Date: **September 14th, 2021 with meetings on the 2nd and 4th Tuesdays of each month

First Name: _____ Last Name: _____

Address: _____

Registering for MOPS or MOMSNEXT

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Email: _____

Birthday: ___/___/___ Anniversary: ___/___/___ Husband's name (if applicable): _____

Do you attend a church? Yes No If so, where? _____

Please list your child(ren)'s names and ages (as of September 1st): (If you have more than 3 kids please add their info to the back of this sheet)

Name: _____ Age: _____
Will they be attending MOPS childcare? Yes No Date of Birth: _____ Allergies _____

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Registration Options: *Scholarships are available. Please email Wausauhighlandmops@gmail.com for a form.

\$50 Yearly fee + \$10 Childcare for 1st child + \$10 Childcare for 2nd child + \$10 Childcare for 3rd child

Would you be willing to donate \$3 or more towards a MOPS scholarship for a mom in need? If so, please add it on the line below.

Payment Calculator: Yearly fee _____ + Childcare total _____ + Scholarship donation _____ = Total Due _____
(Please make checks payable to HCC)

Please mail or directly deliver this completed form with your check to:

Megan Pickens
3110 Springdale Avenue
Wausau, WI 54401
901-438-2521 (you can call or text to arrange drop off)

* Childcare will be on a first come, first served basis. The best way to secure your spot(s) is to hand your form and money directly to us.

For MOPS Group Use Only: MOPS or MOMSNEXT Date Registration Received: _____

Payment amount/method: _____ Date Registered to Moms Connection: _____