



2018-2019

Registration - one-time fee of \$31.95

Make checks payable to FBC

If mailing, send form and payment to:  
Kimberly Sparks  
3917 Baybrook Ct  
Midland, TX 79707

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Have you attended a MOPS group before?  Yes  No

If yes, where? \_\_\_\_\_

Home church (if applicable): \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

Husband's Name/Birthday (if applicable): \_\_\_\_\_

Anniversary: \_\_\_\_\_

\*I understand that I may be asked to serve in childcare 1-2 times/year if we are short childcare workers. Please initial: \_\_\_\_\_

Please list names of any children attending MOPPETS:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any special needs or allergies: \_\_\_\_\_

You will receive a Welcome Package from MOPS International.

Date registration received: