



# Registration 2017-2018

#thisismotherhood

MOPS.ORG

## LaPorte campus

Liberty Bible Church - 608 Colfax Ave. - LaPorte, IN 46350

MOPS & MOMSNEXT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (mm-dd-yyyy) \_\_\_\_\_

Home church (check one):

LBC

Other \_\_\_\_\_

Undecided

Please include the following:

- \$40 early registration fee (May 31, 2017)
- \$45 registration fee (June 2017 and after)
- Contact me about financial help.



# Registration 2017-2018

MOPS KIDS

Child's Name #1 \_\_\_\_\_

Child's Name #3 \_\_\_\_\_

Child's Birthday (mm-dd-yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Child's Birthday (mm-dd-yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Food Allergies or other considerations \_\_\_\_\_

Food Allergies or other considerations \_\_\_\_\_

Child's Name #2 \_\_\_\_\_

Child's Name #4 \_\_\_\_\_

Child's Birthday (mm-dd-yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Child's Birthday (mm-dd-yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Food Allergies or other considerations \_\_\_\_\_

Food Allergies or other considerations \_\_\_\_\_

Is there any other person who has permission to pick up your children?

Name \_\_\_\_\_

Turn in this form with payment at a MOPS meeting or mail to LBC-LaPorte at 608 Colfax Ave., LaPorte, IN 46350.

Signature \_\_\_\_\_