



Calvary Chapel Lake Stevens  
**MOMSnext**  
Registration Form  
2019/2020

*to the full*

Phone: 425-335-4819/Fax: 425-335-0826  
Address: 9428 4th St SE, Lake Stevens, Wa 98258

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_, WA Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Anniversary (if applicable) \_\_\_\_\_

Husband's Name (if applicable) \_\_\_\_\_

Do you use Facebook? Y / N If yes, what is your Facebook account name? \_\_\_\_\_

Do you attend church? Y / N If yes, where? \_\_\_\_\_

How long have you been in MOPS? \_\_\_\_\_ MOMSnext? \_\_\_\_\_

Child's First & Last Name	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____

(list additional children on back) **\*Note childcare is not provided for MOMSnext members**

Annual Membership Fee  
(Includes annual subscription to a weekly inspiring email, welcome packet, discounts, music downloads, other benefits, and of course, mom crafts, speakers, gifts and a few surprises.)

I am paying in full=\$60

I am paying in 2 equal installments=\$30 due May 24, 2019 and November 8, 2019

I have applied for a partial scholarship (1/2 scholarship) please attach scholarship form

Additional donation to scholarship fund \$ \_\_\_\_\_

Any contribution to CCLS MOPS is tax deductible using tax ID #91-1123730. Please note: for individual donations under \$250, your canceled check or carbon copy is your receipt.

**Total: \$** \_\_\_\_\_

Fees are non-refundable and non-transferrable and are required for membership with CCLS MOMSnext. Please make checks out to Calvary Chapel Lake Stevens and note MOMSnext in the memo. Please deliver completed forms and payment to Registration Coordinator or mail to: CCLS MOMSnext, % Calvary Chapel Lake Stevens 9428 4th St SE, Lake Stevens, Wa. 98258.