



**MOPS at Calvary Chapel  
Lake Stevens**  
Registration Form 2019/2020

*to the full*

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

Mailing address \_\_\_\_\_

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

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

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

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

Have you attended MOPS before? Y / N If yes, where and how long? \_\_\_\_\_

**Children** **MOPS Kids**

First and Last Name	Birthdate	Age	Allergies	MOPS Kids Childcare?
		(age as of 9/1/19)		

1. \_\_\_\_\_ / \_\_\_\_\_ Y / N

2. \_\_\_\_\_ / \_\_\_\_\_ Y / N

3. \_\_\_\_\_ / \_\_\_\_\_ Y / N

(list additional children on the back and please note that childcare is not provided for children 1st grade and above)

Additional information \_\_\_\_\_

**Medical & Media Release**

As parent/legal guardian of the above individuals, I permit the individual to participate in MOPS Kids. I also hereby waive the forever discharge claims for damages which the above listed individuals, their heirs, executors, and administrators may have or accrue against Calvary Chapel Lake Stevens and MOPS International, their representatives, agents and volunteers, arising from any injuries, physical or mental, suffered in connection with MOPS Kids activities during the above registration year. I also approve of emergency care for the above individuals, under direction of the event leader or consulting medical professional, if I cannot be contacted. I have read, understand, and agree to the above listed statement.

I give permission to allow CCLS MOPS to use my children's likeness for media purposes (photos, video, audio) to promote MOPS.

I DO NOT give permission to allow CCLS MOPS to use my child's likeness to promote MOPS.

Parent Signature _____	Print Name _____	Date _____
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**Membership**

I am paying in full (\$140 due)

I am paying in 2 equal installments (\$70 due May 24, 2019 & Nov 8, 2019)

I have applied and been granted a partial scholarship (1/3 or 1/2 scholarship)

Additional tax-deductible donation to support Scholarship Fund of \$ \_\_\_\_\_

Fees are non-refundable and non-transferrable and are required for membership with CCLS MOPS.

Please make checks payable to CCLS and note MOPS in the memo line and deliver this form and payment to  
Registration Coordinator or mail to CCLS MOPS at 9428 4th St SE, Lake Stevens, WA 98258

For MOPS group use-	Discussion group assigned _____	Date registration received _____	Date processed _____
	Date of 1st payment _____	Amount _____	Cash/Square/Check # _____
	Date of 2nd payment _____	Amount _____	Cash/Square/Check # _____
	MOPS to Mom Web ID _____	Registered online (date) _____	

**Children continued**

**MOPS Kids**

First & Last Name	Birthdate	Age (as of 9/1/19)	Allergies	Childcare?
4. _____	_____ / _____	_____	_____	Y / N
5. _____	_____ / _____	_____	_____	Y / N
6. _____	_____ / _____	_____	_____	Y / N

\*Please note that childcare is not provided for children 1st grade and above.

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_