



MOPS

MOPS Calvary Chapel Lake Stevens
2020 Registration Form
September - December

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? _____

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

Annual Membership Fee

(Includes Mops International membership, quarterly MOPS magazine, mom crafts, speakers and a few surprises.)

I am paying in full for September to December=\$40

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 MOPS. Please make checks out to Calvary Chapel Lake Stevens and note MOPS in the memo. Please deliver completed forms and payment to the registration coordinator or mail to: CCLS MOPS, % Calvary Chapel Lake Stevens 9428 4th St SE, Lake Stevens, Wa. 98258.

For MOPS group use-

Discussion group assigned _____ Date registration received _____ Date processed _____

Date of payment _____ Amount _____ Cash / Square / online / Check # _____

MOPS to Mom Web ID _____ Registered online (date) _____

***PLEASE NOTE CHILD CARE IS LIMITED DUE TO COVID-19:**

- **ONLY 8 CHILDREN ALLOWED PER CLASSROOM**
- **WEEKLY FIRST-COME FIRST-SERVED CHILD CARE REGISTRATION**
- **Please provide your child with a NUT FREE snack and drink**
- **CHILDCARE IS NOT AVAILABLE FOR CHILDREN 1st GRADE AND ABOVE**

We are limited by the rules set by the church to 8 children per classroom, with the usual 2 workers per room. It has been difficult to get workers signed up, so there will be far less capacity than we are used to.

Because of these limitations we need your cooperation to help us prioritize childcare for single parents, military spouses and those without other childcare options.

CHILDCARE REQUESTED IS NOT A GUARANTEE THAT SPACE WILL BE AVAILABLE.

Are you a single parent? Y / N

Are you a military spouse? Y / N

Spouse works evenings and have no alternative childcare? Y / N

Children

First and Last Name	Birthdate	Age <small>(age as of 9/1/20)</small>	Allergies	MOPS Kids Childcare?
1. _____	_____ / _____	_____	_____	Y / N
2. _____	_____ / _____	_____	_____	Y / N
3. _____	_____ / _____	_____	_____	Y / N
4. _____	_____ / _____	_____	_____	Y / N
5. _____	_____ / _____	_____	_____	Y / N
6. _____	_____ / _____	_____	_____	Y / N

Additional Information _____

MOPS Kids 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 _____