2023-2024



Registration - one-time, non-refundable fee of \$34.00

Make checks payable to FBC

If mailing, send form and payment to:

Molly Grigsby 1311 Lawson Midland, TX 79701

| Name: | Birthday: | |
|-----------------------------|---|--|
| Cell Phone: | Home Phone: | |
| Address: | City/State: | ZIP: |
| Email: | | |
| | | |
| Have you attended a MO | PS group before? ☐ Yes ☐ No | |
| If yes, where? | | |
| Home church (if applicab | le): | |
| How did you hear about t | this MOPS group? | · |
| Husband's Name/Birthda | y (if applicable): | |
| Anniversary: | | |
| Please initial: | be asked to serve in childcare 1-2 times/ — children attending MOPS Kids: | year if we are short childcare workers |
| | - | |
| Name: | Date of Birth: | |
| Please list any special nee | eds or allergies: | |
| NOTE: You will receive a | Welcome Package from MOPS Internatio | onal. FBC semester dues will be |
| | nd January. These dues cover the cost of | |
| Semester Dues: | | |
| 0 children | \$2 per meeting | |
| 1 child | \$5 per meeting | |
| 2 children | \$7 per meeting | |
| 3 or more children | \$9 per meeting | |

Date registration received: