



September 2011

Dear Mom,

It's time to register for the Fall 2011 Session of the Manassas Assembly of God MOPS group. The theme for the 2010-2011 year is **MomSense: Bold • Loving • Sensible** – equipping moms to embrace their mothering instincts and develop their own parenting style while navigating through the myriad of daily mom decisions.

We will come together at 9:30 a.m. the 1<sup>st</sup> and 3<sup>rd</sup> Tuesdays each month, for fun and food, to listen to great speakers who will share on interesting and relevant topics, to discuss mothering and everything else, to connect, to nurture and be nurtured, to learn new crafts, make some new friends, and to relax and to laugh.

The meeting dates are as follows: September 20<sup>th</sup>, October 4<sup>th</sup> and 18<sup>th</sup>, November 1<sup>st</sup> and 15<sup>th</sup>, December 6<sup>th</sup>. We ask that you commit to attending all the meetings and limit absences to such events as sick children, arrival of a new child, emergencies etc. After 3 absences we reserve the right to release your slot to another mom on the waiting list.

The dues for Fall semester will be \$23.95 for MOPS International Dues + \$55 for childcare. The cost for craft activities and kids snack items is anticipated to be \$5 per meeting. To keep costs low, we will be taking donations and organizing fundraising events for these items.

In order to guarantee your spot for the Fall session please include at least \$23.95 and complete the attached registration form and return it to Isabel Zamudio (14405 Summerton Ln., Woodbridge, VA 22193) no later than September 15<sup>th</sup>. The remainder \$55 will be collected at the first meeting on September 20<sup>th</sup>. Please make checks payable to **Manassas Assembly of God**. A limited number of partial scholarships are available each semester; please contact me for further details.

Our MOPS group is an exciting program that meets the needs of moms in our community. However, organizing MOPS meetings and activities is an undertaking that requires help from many different women. As a requirement for membership in MOPS at MAG all moms need to volunteer their time and talents.

Should you have any questions or require any additional information please feel free to contact me at (951) 318-3664 or via email at [mops.atmag@yahoo.com](mailto:mops.atmag@yahoo.com).

Sincerely,

Isabel Zamudio  
MOPS Coordinator



## Registration Form

Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Address:

\_\_\_\_\_

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

Birthday: \_\_\_\_\_ E-mail: \_\_\_\_\_

Husband's name (if applicable): \_\_\_\_\_ Anniversary: \_\_\_\_\_

Have you attended a MOPS group before?  Yes  No

If so, where? \_\_\_\_\_

Are you registered for the MOPS through MOPS International for the upcoming year?

Yes, Number \_\_\_\_\_  No

Do you attend a church?  Yes  No

If so, where? \_\_\_\_\_

How did you hear about this MOPS group?

\_\_\_\_\_

Moms may be required to volunteer in MOPPETS once per semester. Please indicate below if you have already completed the Manassas Assembly of God Christian Education/Children's Ministries/Nursery/Youth Ministries screening process.

Screened  Not previously screened

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list your child(ren)'s names and birth dates:

Child's last name: \_\_\_\_\_ First: \_\_\_\_\_

Birth date: \_\_\_\_\_ Will this child be a MOPPET? \_\_\_\_\_

Special needs and instructions; allergies (if applicable):

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Child's last name: \_\_\_\_\_ First: \_\_\_\_\_

Birth date: \_\_\_\_\_ Will this child be a MOPPET? \_\_\_\_\_

Special needs and instructions; allergies (if applicable):

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Child's last name: \_\_\_\_\_ First: \_\_\_\_\_

Birth date: \_\_\_\_\_ Will this child be a MOPPET? \_\_\_\_\_

Special needs and instructions; allergies (if applicable):

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Child's last name: \_\_\_\_\_ First: \_\_\_\_\_

Birth date: \_\_\_\_\_ Will this child be a MOPPET? \_\_\_\_\_

Special needs and instructions; allergies (if applicable):

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If you are currently expecting please provide as much information as you wish to share:

Due Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_