

Morning MOPS Registration

For all mothers of preschoolers whether stay-at-home or working moms, teen, single, or married moms.

1st and 3rd Wednesdays September 7, 2016 - May 3, 2017

Mornings • 9:00-11:15 a.m. Upper Lobby



"Even the darkness is not dark to You, and the night is as bright as the day.

Darkness and light are alike to You." Psalm 139:12

Details

Morning MOPS is a place where moms with young children can connect, relate, and share life with one another. Moms, with all different lifestyles, make connections and experience God's love through relationships. Each MOPS meeting features a speaker, a delicious (and huge) brunch, and time to visit with each other. While you're enjoying yourself, your little ones will be loved on in our MOPPETS program where they'll hear stories, make crafts, and play with their dedicated teachers. Moms will have a chance to eat a genuine hot meal while the kids are learning stuff - who can resist that?

Costs

Semester dues pay for childcare, creative activities, special brunches, supplies, etc. They can be paid all at once (September) or per semester (September/January).

Included in the dues is an annual, nonrefundable registration fee of \$25 paid to MOPS International. For this, you will receive benefits from MOPS International including: Becoming Starry Eyed Guidebook, a oneyear subscription to Hello, Dearest Magazine, weekly inspiring emails, and more. To find out more about MOPS International, please visit MOPS.org.

Scholarships for dues are available by request. Please contact Robin Miller, Finance Coordinator, at robinm.miller@hotmail.com for scholarship and payment options.

Extras

Morning MOPS offers a Bible study specifically for our MOPS moms! The study group will meet on the 2^{nd} and 4^{th} Wednesdays. January 11 -April 26, 2017, from 9:00-11:15 a.m. Topic will be announced during the fall semester.

> Join us for our Morning MOPS Kick-off on Wednesday, August 24, from 9:00-10:00 a.m.!

For more information visit us at GraceChapel.org/MOPS.

2016-2017 Registration Information

I am registering for Morning MOPS:

☐ One payment for the FULL year: • \$190 (includes MOPS Int'l fee) ☐ Two payments, due each semester: • \$100/semester (includes MOPS Int'l fee) ☐ One payment for the FULL year: \$155 (already paid MOPS Int'l fee in May 2016) ☐ Two payments, due each semester: • \$82.50 (already paid MOPS Int'l fee in May 2016) ☐ Spring semester morning Bible study: • \$40 ■ MOPS Scholarship Fund: Total Cost \$ Date _____ *Please make check payable to Grace Chapel, indicate Morning MOPS in memo line. Address _____ City ____Zip ___ Home # Cell # Birthday _____/___(MM/DD) Emergency Contact Name and Phone Number □ I need a scholarship. Please do not let financial consideration keep you from attending. Full or partial scholarships are available. To apply, please contact Robin Miller, Finance Coordinator, at robinm.miller@hotmail.com.

Register your child(ren) on the back.

*By registering for any event at Grace Chapel, I give Grace Chapel permission to use photos taken of me/my children during an event in promotional materials, in the newsletter, on the website, or in any capacity in perpetuity. If you would like to "opt out," please let a staff person know. I waive, release, and indemnify Grace Chapel and all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Grace Chapel activity or trip and that involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability.

Child Information

Child 1				
Name		DOB	_/	_/
Allergies/special needs				
Childcare needed: ☐ MOPPETS ☐ Off-track	□ None			
Child 2				
Name		DOB	_/	_/
Allergies/special needs				
Childcare needed: ☐ MOPPETS ☐ Off-track				
Child 3				
Name		DOB	_/	_/
Allergies/special needs				
Childcare needed: ☐ MOPPETS ☐ Off-track				
Child 4				
Name		DOB	_/	/
Allergies/special needs				
Childcare needed: ☐ MOPPETS ☐ Off-track	□ None			
Child 5				
Name		DOB	_/	/
Allergies/special needs				
Childcare needed: ☐ MOPPETS ☐ Off-track	□None			
Administrative Use Only: Date Amt \$				