

# MOPS Information Sheet

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Husband's Name \_\_\_\_\_ Anniversary \_\_\_\_\_

What is the best time to contact you? AM PM

What is the best way to contact you? Home Phone Cell Phone

What days would you be available to come to play dates? (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Home Church (if applicable): \_\_\_\_\_

How long have you lived in the area? \_\_\_\_\_

How did you hear about this MOPS group? \_\_\_\_\_

Please list your child(ren)'s names and birthday(s).

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

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

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

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

What are some of your hobbies or special interests?

\_\_\_\_\_

\_\_\_\_\_

Where would you like to go for play dates?

\_\_\_\_\_

\_\_\_\_\_

Do you have ideas for MOM's Night Out Events?

\_\_\_\_\_

\_\_\_\_\_

What would prevent you from coming to Mom's Night Out Events or playdates?

\_\_\_\_\_

\_\_\_\_\_

What topics would you like to see presented/discussed in a meeting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_