



Lenexa Baptist Church -15320 W. 87th Street Parkway –Lenexa, Ks 66219

REGISTRATION FORM

2009-2010

Name: _____ Date ____/____/____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Cell/Work Phone: _____
 Email Address: _____ Your Birthday: ____/____/____

Children's Names (List <u>all</u> children)	Sex		Age	Birthday	Attending MOPPETS?	
	M	F			Yes	No
1. _____	M	F	_____	____/____/____	Yes	No
2. _____	M	F	_____	____/____/____	Yes	No
3. _____	M	F	_____	____/____/____	Yes	No
4. _____	M	F	_____	____/____/____	Yes	No

SPECIAL NEEDS: Do any of your children (participating in MOPPETS) have special needs of which their teacher should be made aware? (Write name of child and the specific need).

Do you regularly attend church? _____ If yes, where? _____

Is this your 1st year of MOPS? **YES NO**

How did you find out about MOPS? _____

If you wish, you may designate one person with whom you would like to be assigned a table.

All Registration Forms should be completed and returned with payment to:

*Sarah Hudnall
 20206 W. 92nd St.
 Lenexa, KS 66220
 913.839.0252
 seh4ksu98@me.com*

For office use only

Date rec'd _____

Registration # _____

Check # _____