



Registration Form



 Last Name First Name

 Address City State Zip

 Home Phone Number Cell Phone Number

 Nearest Intersection Email Address

 Date of Birth (mother) Spouse's Name (if applicable)

 Emergency Contact Name Emergency Contact Number

 Attended TOTS.MOPS Before? Location? Church You Attend (if applicable)

 Current Employment/Home Business (if applicable) Former Occupation (if applicable)

I was invited to join TOTS by : _____

Attending TATERS

 Child's Name M/F Date of Birth

 Child's Name M/F Date of Birth

 Child's Name M/F Date of Birth

 Child's Name M/F Date of Birth

 Pregnancy (if applicable) Due Date

Do you need a scholarship to assist with fees? Yes/No

TOTS committees and areas of interest: TOTS is possible because moms volunteer their time to serve each other. If you have a desire to use your time and talents in TOTS, then please indicate which of these committees you might like to participate in.

- Creative Activities: help to plan and prepare for crafts and other activities
- Hospitality: help to plan and prepare for decorations, refreshments, and favors
- Hospitality: help with setup before or teardown after meetings OR provide childcare during these times
- Publicity: write articles or assist with design for the newsletter and other TOTS materials
- Prayer and Care: pray for specific moms and their needs and/or help with meals and support
- Special Events: assist with planning and organizing large group events outside of TOTS meetings
- Social Activities: help organize small group activities outside of TOTS meetings

For Coordinator Use
 Date received form _____

For Finance Use
 Fall Registration _____

Spring Registration _____

Discussion group _____

Childcare _____

Childcare _____

Mail forms and fee to: Dawn Auch
 5020 E. 72nd St, Indianapolis, IN 46250

Total paid _____

Total paid _____