

**Hope Lutheran Church  
Moms of Tots (MOTS)  
2009 – 2010 Registration Form**

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

Husband: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

**Children**

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

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

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

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

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

Date Registration Received: \_\_\_\_\_

Fees Paid: \_\_\_\_\_