

# AustinRidge MOPS

Fall 2012

**Mothers of Preschoolers (MOPS)** exists to encourage, equip, and develop every mother to realize her potential as a woman, mother, and leader in the name of Jesus Christ. MOPS recognizes that the years from infancy through kindergarten are foundational in a mother-child relationship, and are filled with unique needs.



## Austin Ridge Bible Church

9300 Bee Cave Road  
Austin, TX 78733  
(corner of Bee Cave and Cuernavaca)  
(512) 263-7701  
www.austinridge.org



## Registration

MOPS registration is now open! Space is limited as we can only accept as many moms as our childcare facility can accommodate. Registration forms will be accepted throughout the year, but register early to ensure a spot for you and your child. Registration can also be completed online: [www.theridgemops.com](http://www.theridgemops.com)

## Wait List Policy

MOPS usually has a waiting list. If a registered mom has to drop out before the completion of a semester, the first person on the waiting list whose child's age matches the vacated slot will be contacted.

## How Much Does it Cost?

The fee for the fall semester is \$80. Benefits include a membership to MOPS International, a one-year subscription to *MOMSense* magazine, encouraging e-mail from MOM-Email, and a fun reusable shopping bag. The remainder of the fee helps cover supplies, speaker gifts, and items needed for the MOPPETS program. Partial scholarships are available.

## What Will My Children Do?

The ministry of MOPPETS is a quality program designed specifically to care for the children of MOPS moms, birth through kindergarten. A typical MOPPETS morning is filled with Bible stories, games, songs, crafts, play time, large and small motor time, a snack, and lots of love.

*Children to be enrolled in MOPPETS (including babies to be born)*

Mom's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

Do any of your children have special needs? Allergies? Please be specific.

Children NOT enrolled in MOPPETS:

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ School: \_\_\_\_\_

Please mail completed forms with \$80, check made payable to **Austin Ridge Bible Church**, addressed to:  
**Julie Cheshier, MOPS Registrar**  
20 Juniper Berry Way  
Lakeway, TX 78734  
(512) 461-5188

Or register online:  
[www.theridgemops.com](http://www.theridgemops.com)



## MOPS Cares...

- \* That a woman has a safe place to be herself.
- \* That a woman grows to be all that she can be as a wife, mother, and friend.
- \* That a woman knows and experiences God's love.

In this high-stress period of a mother's life, she often feels inadequate, frustrated, isolated, or lonely. Frequently these feelings go unresolved. MOPS is committed to meeting the needs of mothers by:

**Creating** an atmosphere of encouragement and acceptance.

**Developing** a sense of commitment to family, other women, church and community.

**Providing** opportunities for the improvement of leadership skills contributing to a sense of self-worth and confidence.

**Promoting** spiritual growth by encouraging each woman to discover that Christ is relevant.

## A Typical MOPS Morning...

Includes a time of refreshments and fellowship, followed by an instructional session focusing on womanhood, marriage, child rearing, and relationships from a biblical perspective. There are discussion groups to provide honest interaction, to deepen friendships, and to encourage spiritual enrichment. Some meetings include a small service-driven project. Meetings are held the first and third Thursdays of each month from 9:30am - 11:45am.

### MOPS Coordinator

Debbie Cannon  
 (512) 653-4053  
 theridgemops@gmail.com

## Fall Meeting Dates

September 6<sup>th</sup> and 20<sup>th</sup>  
 October 4<sup>th</sup> and 18<sup>th</sup>  
 November 1<sup>st</sup> and 15<sup>th</sup>  
 December 6<sup>th</sup>



## MOPS Registration Form



Mom's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church Affiliation: \_\_\_\_\_  
 Husband's Name: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please indicate if you would like to serve in one of the following areas:*

- Creative Activities    Hospitality    MOPETS    Special Events/Fund-raising    Website/Blog    Marketing

I would like to donate the enclosed amount to the scholarship fund: \$ \_\_\_\_\_