# MOPPETS Registration Form (2021-2022)

*Please list the child(ren)'s name(s) that needs child-care during the MOPS meeting*

Child's Last Name: _____First: _____  Birthdate: _____

Child's Last Name: _____First: _____  Birthdate: _____

Child's Last Name: _____First: _____  Birthdate: _____

Special needs and instruction, allergies:

_____

_____

_____

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Who has permission to pick up your child(ren) beside mom, in case of emergency?

Father- Name: _____,  Cell phone: _____

Other- Name: _____,  Relationship: _____

   Cell phone: _____

Family Doctor: _____, Phone: _____

   Address: _____

   City: _____, State: _____, ZIP: _____

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Favorite toys, songs, games, food:

_____

_____

_____

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**For Church use only:**

Date received: _____
Date updated: _____
Date updated: _____
Date updated: _____
Date updated: _____
Date updated: _____