



MOPPETS Registration Form

Child's last name:	First:	Middle:
Birthdate:		
Mother's last name:	First:	Middle:
Home phone:	Alternate phone:	
Address:		
City:	State:	Zip:
Father's last name: <small>(if applicable)</small>	First:	Middle:
Home phone:	Alternate phone:	

Who has permission to pick up your child(ren) in case of emergency?	
Father – name:	Phone:
Relative – name:	Phone:
Other – name:	Phone:
Family doctor:	
Name:	Phone:
Address:	
Additional Emergency Contact:	
Name:	Phone:
Address:	

Siblings (names and birthdates):
Favorite toys, songs, games, foods:
Special needs and instructions; allergies: