

Today's Date \_\_\_\_\_ Prefer Tuesday \_\_\_\_\_ Prefer Wednesday \_\_\_\_\_ No Preference \_\_\_\_\_

# MOPPETS REGISTRATION FORM

(one form per child)

Child's First and Last Name (the name you want your child called) \_\_\_\_\_

Child's Birth date \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Name (if applicable) \_\_\_\_\_

Father's Workplace \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Does father live at home?  yes  no Can father be contacted if mother cannot be reached? \_\_\_\_\_

Additional Emergency Contact if neither parent can be reached:

Name	Phone	Relationship
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Family Doctor	Name	Address	Phone
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Allergies: \_\_\_\_\_

Your Church Home (if applicable) \_\_\_\_\_

May MOPPETS have your consent to photograph your child?  yes  no \_\_\_\_\_

Siblings Name and Birth dates \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Helpful Information ( favorite toys, special needs and instructions, personality traits, etc.):

\_\_\_\_\_