



PLEASE LIST CHILD(REN) YOU ARE REGISTERING  
FOR CHILDCARE ON OTHER SIDE

# /Moppets Registration Form

## Child Registration Information:

How many children are you registering with MOPS for child-care? \_\_\_\_\_

List each child's name, date of birth, and any allergies/special needs below:

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)  
Male or Female Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)  
Male or Female Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)  
Male or Female Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)  
Male or Female Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)  
Male or Female Allergies/Special Needs: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)  
Male or Female Allergies/Special Needs: \_\_\_\_\_

Any Other Information That You Think Would Be Helpful For Us To Care For Your Child(ren):

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