



MOPS KIDS

# MOPS Kids Registration

We love MOPS Kids! Our goal is take excellent care of them while you enjoy your time with other moms. We will engage with stories, songs, and age-appropriate play. Help us get to know you and your child! You can update your information at any time – just talk to your MOPS Kids leader.

<b>Child's Information:</b>	
Child's Last Name:	
Child's First Name:	
Child's Birthdate:	
<b>Parent's Information:</b>	
Mom's Full Name:	
Mom's Cell Number:	Mom's Birthday:
Father's Full Name:	
Father's Cell Number:	Father's Birthday:
Other Phone Number:	
Email Address:	
Address:	

## Who has permission to pick up your child(ren) from MOPS Kids?

Person 1:	Person 2:
Name:	
Relationship:	
Phone Number:	

## Additional Emergency Contacts:

Contact 1:	Contact 2:
Name:	
Relationship:	
Phone Number:	

<b>Special needs or instructions</b>	
<b>Allergies:</b>	
<b>Other Siblings names:</b>	
<b>Favorite toys, songs, games, snacks, etc:</b>	
<b>What else would you like us to know about you, your child or your family?</b>	

**Family Doctor:**

Doctor's Name:
Phone:
Address:

**For MOPS Kids Leader Use. MOPS Kids Room Assignment:**