

On the back of this form, please tell us about your children...

MOPPETS Registration 2010-2011

Parents: Mothers name: _____ Phone: _____

Fathers Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Children who will be attending MOPPETS:

1. Name/Nickname: _____ birthday: _____

My child like or dislikes: _____

Allergies/ medical conditions: _____

Attending preschool? _____

2. Name/Nickname: _____ birthday: _____

My child like or dislikes: _____

Allergies! medical conditions: _____

Attending preschool? _____

3. Name/Nickname: _____ birthday: _____

My child like or dislikes: _____

Allergies! medical conditions: _____

Attending preschool? _____

4. Name/ Nickname: _____ birthday: _____

My child like or dislikes: _____

Allergies! medical conditions: _____

Attending preschool? _____

Children who will NOT be attending MOPPETS

1. Name/Nickname: _____ birthday: _____

My child enjoys: _____

Attending School? _____

2. Name/Nickname: _____ birthday: _____

My child enjoys: _____

Attending School? _____

3. Name/Nickname: _____ birthday: _____

My child enjoys: _____

Attending School? _____

4. Name/Nickname: _____ birthday: _____

My child enjoys: _____

Attending School? _____