

MOPS Child Registration

Child's Last Name First Name

Nickname

Birth Date

FAMILY

Mother

Father

Siblings Names and Ages

Address ST ZIP Home Phone

OTHER SAFE ADULTS WITH WHOM I CAN GO HOME

MY FAVORITE THINGS

_____ Blanket _____ Pacifier

_____ Toy: _____

_____ Game/Song: _____

_____ Other: _____

SNACKS

_____ Saltine crackers are OK

_____ Cherrios are OK

_____ Check diaper bag

_____ Do not give snacks

CONCERNS

Allergies/other

Do you want to be paged if your child cries?

_____ No _____ Yes (after _____ minutes)

Please do not bring sick children. The childcare staff will not administer medicines.

Yes _____ : Permission is given to change my child's diaper when needed.

Signed: _____

Date: _____