MOPPETS REGISTRATION FORM

(To be filled out for **each** child attending MOPS regularly--even expected babies--and for home schooled children and year-round school children who will attend MOPS when tracked out)

_____

Child's Last Name | First | Middle | Birth Date

_____

Mother's Last Name | First | M.I. | Home Phone/Cell Phone

_____

Address | City/State | Zip

_____

Father's Last Name, If applicable | First | M.I. | Home Phone/Work Phone

Does father live at home? Yes No

Family Doctor:

_____

Name | Address | Phone

Additional Emergency Contact:

_____

Name | Phone | Relationship to child

Siblings: Names and Birth Dates

_____

_____

Special Needs and Instructions; Allergies:

_____

_____

What would help your child feel more content and comfortable in his/her classroom (ex. certain songs, books, routines)?_____

_____

Is this child home schooled? Yes No

Will this child be tracked out at any time during our MOPS year? Yes No
If so, please list the tracked-out dates on which student will attend MOPS:

_____

_____

Tracked Out students will join our Home School class and should bring a book or activity to occupy 2½ hours.

Mail MOPPETS Registration Forms and your deposit to:
MOPS of Wake Cross Roads 3329 Forestville Road Raleigh, NC 27616
Space is limited, so register early!