

Our Father's Lutheran Church MOPPETS Registration Form

MOPS Member Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work and/or Cell Phone	
E-Mail Address	
Emergency Contact (Name & Phone Number)	

MOPPETS Child(ren) Information

Please fill out for **ONLY** the child(ren) attending MOPS with you:

<u>Name</u>	<u>DOB</u>	<u>Age</u>	<u>Allergies or Special Needs</u>

School Age Child(ren) Information

Please fill out for child(ren) who will **NOT** be attending MOPS except on No School days:

<u>Name</u>	<u>DOB</u>	<u>Age and Grade in School</u>	<u>Allergies or Special Needs</u>	<u>Interested in Helping in MOPPETS rooms (6th grade and older)</u>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



2013-14 Handbook for Moms Acknowledgement Form

I HAVE RECEIVED AND READ A COPY OF THE 2013-14 MOPPETS
HANDBOOK FOR MOMS.

Printed Name: _____

Signature: _____

Date: _____