



**Our Father's Lutheran Church MOPPETS Registration Form
2015-2016**

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/Grade</u>	<u>Allergies or Special Needs</u>

Other Child(ren) Information: Please fill out for child(ren) NOT attending MOPS with you.

<u>Name</u>	<u>DOB</u>	<u>Age/Grade</u>