

MOPPETS Registration Form 2015-2016

MOPPETS is our childcare program for children 6 months to 6 years old who have not yet started kindergarten/school. Please fill out all necessary information for you and any children that will be attending our meetings.

Note: Privacy and data protection are really important to us. The information collected here will only be used within our local group and will not be shared otherwise.

Mother contact information

Last name: _____

First name: _____

Street Address: _____

Town/City: _____

Postal Code: _____

Home phone number: _____

Mobile phone number: _____

Email address: _____

In Case of Emergency

Please provide the name of an emergency contact. This person will be our first line of contact in an emergency, and also have your permission to collect your child/children should the need arise. Where possible this should be your husband/partner.

Last Name of Emergency Contact: _____

First Name of Emergency Contact: _____

Emergency Contact's relationship to you: _____

Emergency Contact's telephone number: _____

Children attending MOPPETS

Child 1

Last Name: _____

First Name: _____

Sex: Male Female Date of Birth (dd/mm/yyyy): _____

Special needs / Allergies: _____

Child 2

Last Name: _____

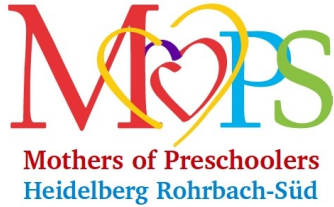
First Name: _____

Sex: Male Female Date of Birth (dd/mm/yyyy): _____

Special needs / Allergies: _____

MOPS International Mission Statement

„Mops international exists to encourage, equip and develop every mother of preschoolers to realize her potential as a woman, mother and leader in the name of Jesus Christ.“



Child 3

Last Name: _____
First Name: _____
Sex: Male Female Date of Birth (dd/mm/yyyy): _____
Special needs / Allergies: _____

Child 4

Last Name: _____
First Name: _____
Sex: Male Female Date of Birth (dd/mm/yyyy): _____
Special needs / Allergies: _____

Child 5

Last Name: _____
First Name: _____
Sex: Male Female Date of Birth (dd/mm/yyyy): _____
Special needs / Allergies: _____

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