



Registration Form 2017-2018

Please include information for each child requiring care in our MOPSKids program. Every child must be listed on a registration form (with signature) to receive care.

Child's Name:	Birthdate:
Allergies/Special Needs:	Male / Female (circle please)

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Allergies/Special Needs:	Male / Female (circle please)

Parent Information

Mother:	Cell:
	Home:

Emergency Contact (parent will be contacted first, in case of an emergency)

Name:	Home:
Relationship:	Cell:

I give full permission for my child(ren) to attend MOPSKids programming at **Cornerstone Baptist Church in Eldridge, Iowa for the 2017-2018 School Year**. I also give permission to the leaders of the MOPSKids program to secure emergency medical treatment for my child if there is insufficient time to contact me, or I am unable to be reached.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____