

MOPS Kids



Registration Form 2018-2019

Please include information for each child requiring care in our MOPS Kids 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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Birthdate:

Allergies/Special Needs:

Male / Female (circle please)

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Birthdate:

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 MOPS Kids programming at **Cornerstone Baptist Church in Eldridge, Iowa for the 2018-2019 School Year**. I also give permission to the leaders of the MOPS Kids program to secure emergency medical treatment for my child if there is insufficient time to contact me, or I am unable to be reached.

Finally, by checking this box, I also give permission for photos/videos to be taken of my child(ren) during MOPS, to be used for MOPS promotional purposes at Cornerstone.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

