



## COS MOPPETS REGISTRATION FORM 2011 – 2012

MOTHER'S LAST NAME

FIRST NAME

PHONE NUMBER

### CHILD INFORMATION IN MOPPETS PROGRAM:

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
(M/D/Y)

Please select the room in which you wish your child to be placed:

Infant (0-18 months)     Nursery (1.5-3.5 years)     Pre-school (3.5-5 years)

Special needs and instructions including allergies: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
(M/D/Y)

Please select the room in which you wish your child to be placed:

Infant (0-18 months)     Nursery (1.5-3.5 years)     Pre-school (3.5-5 years)

Special needs and instructions including allergies: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_  
(M/D/Y)

Please select the room in which you wish your child to be placed:

Infant (0-18 months)     Nursery (1.5-3.5 years)     Pre-school (3.5-5 years)

Special needs and instructions including allergies: \_\_\_\_\_

Who has permission to pick up your child(ren) in case of emergency?

Father – name:

Phone:

Relative – name:

Phone:

Other – name:

Phone:

Family Doctor Name:

Phone: