

MOPPETS Registration

(Please list *ONLY* the children who will be coming to MOPPETS)

May we photograph your child(ren)? Yes No

Are you expecting? If so, and you would like to reserve a spot for your child in MOPPETS, please indicate the month you plan on bringing the child to MOPPETS. Month: _____

_____	_____	_____	_____
Child's Last Name	First (include preferred nickname)	M.I.	Birthday (MM/DD/YY)
Parent or Legal Guardian Name _____			
Child's Doctor _____		Office Phone _____	
Child's Allergies or special instructions _____			

_____	_____	_____	_____
Child's Last Name	First (include preferred nickname)	M.I.	Birthday (MM/DD/YY)
Parent or Legal Guardian Name _____			
Child's Doctor _____		Office Phone _____	
Child's Allergies or special instructions _____			

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Parent or Legal Guardian Name _____			
Child's Doctor _____		Office Phone _____	
Child's Allergies or special instructions _____			

Your school-age child may attend MOPS with you on "no school days" for an additional \$5 fee per child per day payable upon check-in. Sign-ups will be available at a MOPS meeting prior to these dates. If this is something your school-age child would participate in, what school district does your child attend? _____

By signing this document I certify that I am the parent or legal guardian of the children listed above.

Print your full name (first and last)

Date

Sign your full name (first and last)

Return this form with other registration materials to:
Nicole Norby, 3275 SW Vista Dr, Portland, OR 97225