

**2018 - 2019 Leighton MOPPETS
REGISTRATION FORM**

Welcome! Please complete this form so we can learn about your child!

**Child's
Information**

Child's Last Name:	First Name:	
D.O.B. _____		
Address: _____		
City: _____	State: _____	Zip code: _____
Phone Number: _____		
Mother's Name: _____		Father's Name: _____
Special Needs, Instructions: 		

**Emergency
Information**

Father's Phone: _____	
Relative Name: _____	
Relation: _____	Phone: _____
Other Name: _____	
Relation: _____	Phone: _____
ALLERGIES (any special instructions): 	

**Other
Information**

Siblings: 	
Favorite toys, songs, games, foods: 	
Anything else we should know: 	

Please fill out one per child and return to Amanda Athearn or Sarah Geers