



Graham Emmanuel Baptist Church
2008-2009
MOPPETS Registration Form

(Please Print with Ink and Complete One Form for Each Child Attending MOPPETS)

Mothers Name: _____ Date: _____

Childs Name: _____ Date of Birth: _____ Male Female

Physical Health (Allergies, medical concerns): _____

Has your child attended a MOPPETS group before? Yes No If so, number of years? _____

How often does your child receive care from a babysitter outside of family members during a normal month? _____

Has your child or is he/she attending: (Check all that apply)

_____ Daycare _____ Preschool
 _____ Sunday School _____ Kindergarten

Please list all siblings:

MOPPETS

Y N Name: _____ Date of Birth: _____ Male Female

Y N Name: _____ Date of Birth: _____ Male Female

Y N Name: _____ Date of Birth: _____ Male Female

In order for the MOPPET Workers to be better equipped for your child's morning at MOPPETS, please answer the following questions:

Does your child use a pacifier? Y N

Does your child have a comforting stuffed animal or blanket? Y N

If so, what? _____

Does your child eat finger foods? Y N

Is your child fully potty trained? Y N If not, are you currently training? Y N

As moms we know that children cry. How long are you comfortable with your child crying after he/she has been left with your MOPPET Workers? Obviously, if your child is hurt we would come and get you. Please be specific. _____

Is there something we can talk about with your child that would help us to connect with him/her? (pets, favorite toy, etc.) _____

Mail to: GEBC attn: MOPS 22316 106th Ave E Graham WA 98338

MOPPETS Coordinator Use Only:

Date Registration Rec'd: _____ Date Registered for MOPPETS: _____

Moms Discussion Group: _____ MOPPETS Class Assigned: _____