

MOPS Registration

Date ___/___/___

Welcome to MOPS! Please complete this form so that we can learn some basic information about you.

First name: _____ Last name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

e-mail _____

Your birthday (month/date): _____ Wedding Anniversary (month/date) _____

Husband's name (if applicable): _____

What school district do you live in? _____

Do you regularly attend a church? Yes No

If so, what church? _____

*** Please list all of your children, even if they are not going to attend MOPPETS:**

Child's Name	Birth date	Age on 9/1/2010	MOPPETS?
1. _____	_____	_____	Yes/No
2. _____	_____	_____	Yes/No
3. _____	_____	_____	Yes/No
4. _____	_____	_____	Yes/No

List any food/other allergies and child's name: _____

Emergency Contact (Name, Number & Relationship): _____

FILLING OUT THIS REGISTRATION FORM DOES NOT GUARANTEE YOUR ENROLLMENT IN MOPS. AVAILABILITY WILL BE DETERMINED WHEN MOPPETS WORKERS ARE SECURED.

TURN OVER to sign Multimedia Release →

For Steering Use Only

Registration Fee _____ Database _____ MOPS Int. _____ Care Group Leader _____



Multimedia Release Form

Throughout the MOPS year, photographs, digital images, or video segments may be used in print or electronic media. Uses for photograph or video may include publicity (newsletters, advertising, etc), power point presentations, and Web content. Any photographs published online will be used with discretion with no names being used. By acknowledging consent, you are permitting Otsego MOPS to publish, exhibit, and distribute these materials.

_____ ***I give consent to Otsego MOPS to publish, exhibit, and distribute photographs or videos of myself and/or my children. I understand I may revoke this consent at any time for any reason.***

Parent/guardian name (please print)

Parent/guardian signature/Date

Children's Names: _____

_____ ***I do not give consent to Otsego MOPS to publish, exhibit, or distribute photographs or video of my child and/or myself.***

Parent/guardian name (please print)

Parent/guardian signature/Date

Children's Names: _____
