

M.O.M.S. Child Registration Form

Child's Name _____ Nickname _____

Date of Birth _____ Age _____

Mom's name _____ *Phone number _____

*Street Address _____

*email address _____

Check which room your child will attend:

Nursery I (non walkers)

Toddler Room (walkers-2+)

Pre-school class (ages 3 to 5)

School aged class

I expect my child to attend M.O.M.S. childcare on a regular basis. Yes or No
(This is not a commitment on your part to bring or not bring your child to MOMS each time. It will only be used as a guide to plan for childcare needs since we know some children will have other regular commitments such as pre-school.)

Is your child potty trained? Yes or No

My child wears (circle one) Diapers Pull-Ups Underpants

Allergies and any medical information: _____

Any other helpful information to best care for your child: (ex: favorite toys or activity, special blanket, pacifier, how to calm or comfort your child, when to come get you, etc.)

*This information is used in a directory of all the moms. Include all that you wish to be published. We contact moms by email only so please include an email address so we can keep you informed!