

# M.O.M. Group Registration Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Circle Ages of Children:

Newborn - 2 yrs, 3 yrs - 5 yrs, K - 3rd, 4th - 5th, 6th - 7th, 8th - 9th, 10th - 12th

List Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Special Needs or Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*Signature of Mother*

\_\_\_\_\_

*Date*

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- 1. Please label all articles brought from home (diaper bags, bottles, sippy cups, blankets , food containers, etc...)*
- 2. Please bring any security blanket, pacifier, or other items necessary to comfort your child(ren).*
- 3. Please bring any special snacks or drinks needed due to dietary restrictions.*
- 4. Please don't bring your child(ren) if they have a runny nose, cough, fever, upset stomach, rash, open wounds, childhood diseases, head lice or any other symptoms that could be potentially contagious and cause other children or adults to become sick.*
- 5. If your child has any allergies, please be sure to notify your child(ren)'s teacher before he/she is left in the classroom.*
- 6. If your child needs an EpiPen or an inhaler, please label it and tell your child(ren)'s teacher where it is in your child(ren)'s bag. Please be sure it is in the room with your child(ren) at all times and the teacher is aware of its location.*
- 7. Please don't leave the campus at any time while your child(ren) are in the care of our teachers.*