



SSCC MOPPETS Registration Fall 2010

Parent[s] _____ Phone (home) _____ (cell) _____
 email _____

Child's First and Last Name	Birthdate m/d/y	Childcare every meet- ing?	If no, indicate total meetings out of 7	Special Needs Allergies	Office Use Only
Eg: Samantha	3/24/05	No	4/7	None	

Emergency
 Contact _____ Address _____
 Phone
 (home) _____ (cell) _____ (work) _____

Please list ALL persons authorized to pick up child[ren]. _____