

MOPETS Registration

Child's Name _____

Mother's/Guardian's/Babysitter's Name _____ (Please circle relationship to the child)

Child's Allergies:

Child's Special Needs:

Nursing/Bottle Feeding

Self Soothing/come get Mommy ASAP

Other:

Parental Permission for Publicity

I authorize the use of photographs of my child in the interest of promoting MOPS or the recording of any event of the participants. This includes photographs taken by or for newspapers. I also authorize the use of my child's name in conjunction with any article about MOPS or its programs.

Parent/Guardian Signature: _____

MOPPETS Parental Consent for Diaper Changing/Restroom Care

Dear Parent(s):

Hillcrest Baptist Church of Jamestown and its agents, volunteers, and employees will take every reasonable precaution to provide a safe and healthy environment for Children and Youth. And because Hillcrest seeks high safety standards to protect children and youth who participate in our programming, we are requesting your informed consent in any matter that may concern care for the medical or emotional safety of your child(ren). Thank you for your attention to the matter.

Permission for Diaper Changing Care (birth through age 4)

I hereby give permission, when necessary, for an adult or junior worker to change my child's diaper under conditions of appropriate care and hygiene.

Child(ren)'s name(s) _____

Covered Dates/Time-MOPS Year _____ 9:30-11:30 & events

Parent(s) or (1) _____ Date: _____

Guardian Signature(s) (2) _____ Date: _____

Permission for Restroom Care (Ages 2 through 5 Years)

I hereby give permission, when necessary, for one adult or junior worker to escort my child to the restroom. I understand that my child should be capable of independently caring for his/her restroom needs, but if requested, the worker may assist with basic tasks for care/hygiene.

Child(ren)'s Name(s): _____

Covered Dates/Time-MOPS Year _____ 9:30-11:30 & events

Parent(s) or (1) _____ Date: _____

Guardian Signature(s) (2) _____ Date: _____