



**Granite Springs Registration**  
(Please fill out ONE form for Each Moppet)

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Child's Date of Birth (mm/dd/yy): \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's name: \_\_\_\_\_  
(if applicable)

**Please answer the following questions to help our teacher better care for your child.**

1. Nursing      Bottle      Sippy Cup      Cup      (Circle ALL that apply)

2. Diapers      Potty Training      Potty Trained      (Circle ALL that apply)

3. Does your child have any Special Needs/ Allergies? Yes      No

Explain All: \_\_\_\_\_

\_\_\_\_\_

4. What Comforts your child when upset?

\_\_\_\_\_

\_\_\_\_\_

5. Is there anything else you need the Moppets Teachers to know about your child?

\_\_\_\_\_

\_\_\_\_\_