

MOLOS Childcare Registration 2009-2010

Welcome to Mothers of Little Ones (MOLOS) at the First Presbyterian Church of Pittsford!

Child's last name: _____ First: _____ Middle initial: _____

Birth date:

Mother's last name: _____ First: _____ Middle initial: _____

Home phone: _____ Work phone: _____

Address:

City: _____ State: _____ Zip: _____

Partner's last name: _____ First: _____ Middle initial: _____

Home phone: _____ Work phone: _____

Is child toilet trained? Yes No

Family Doctor:

Name: _____ Address: _____

Phone: _____

Additional Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Sibling(s) (names and birth dates):

(If sibling(s) are preschoolers, please fill out a separate registration form for each sibling.)

Favorite toys, songs, games, foods:

Special needs and instructions; allergies (if applicable):
