



**SMALL
MIRACLE**
Preschool and Child Care

CHILD CARE REGISTRATION FORM

(Please use a separate form for each child)

Date of Registration: _____

Requested First Day of Attendance: _____

I hereby apply for enrollment of my child to Small Miracle Preschool and Child Care

CHILD INFORMATION	
Child's Name:	City: State: Zip:
Address:	Select one: Full Time Before and After School
Birth Date:	Part Time 2 Days Part Time 3 Day
Sex: Male or Female Age:	Days Requested for part Time
PARENT/GUARDIAN INFORMATION	
Mother's Full Name:	
Marital Status:	Phone:
Address:	City: State: Zip:
Employer:	Work Phone: Cell Phone:
Employer's Address:	Email Address:
Father's Full Name:	
Marital Status:	Phone:
Address:	City: State: Zip:
Employer:	Work Phone: Cell Phone:
Employer's Address:	Email Address:
Has your child been previously enrolled with Small Miracle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year?	
Will your child have a sibling enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give sibling's first name and age:	
How did you hear about us: Website _____ Sign _____ Other _____	
TO ENROLL YOUR CHILD:	
To request space for your child, please submit this form along with a check made payable to SMALL MIRACLE for the \$50.00 registration fee (per child) as a non-refundable deposit. Please note that space may be limited and filling out this form does not guarantee enrollment.	
You will be contacted once your child's enrollment is confirmed.	
Part-time availability is at the director's discretion and center openings.	
*** Return enrollment forms to 910 S. 191st Court Omaha, Ne. 68022	
Signature of Parent/Guardian	Date: