



CHILD CARE REGISTRATION FORM

(Please use separate form for each child)

- Location Preference: Village Pointe (410 N 179th Plaza Circle, Omaha)
 The Grove (910 S 191st Court, Elkhorn)
 Spring Ridge (17710 Poppleton Ave, Omaha)

Date of Registration: _____

Desired Start Date: _____

HOW TO ENROLL YOUR CHILD:

To request space for your child, please submit this form along with a check for the registration fee. The registration fee is \$100.00 for the first child and \$50.00 for the second and any subsequent (sibling discount applies to registration fee only). Please make check payable to SMALL MIRACLE.

***Space may be limited and filling out this form does not guarantee enrollment.**

****If changes are made to your enrollment plans, we ask that you contact Small Miracle as soon as possible.**

CHILD INFORMATION:

Child's Name: _____

Date of Birth: ____/____/____

Male Female

Current Address: _____

City: _____

State: _____

ZIP Code: _____

ENROLLMENT TYPE REQUESTED (SELECT ONE)

Full Time

Part Time (3 days)

Days Requested:

M T W TH F

PARENT/GUARDIAN INFORMATION:

Father's Full Name: _____

Marital Status: _____

Address (if different than above): _____

City: _____

State: _____

ZIP Code: _____

Primary Phone Number: _____

Cell Home Work

Email Address: _____

Mother's Full Name: _____

Marital Status: _____

Address (if different than above): _____

City: _____

State: _____

ZIP Code: _____

Primary Phone Number: _____

Cell Home Work

Email Address: _____

Please Note: The start date of your child will be determined by the enrollment coordinator and parents requested date. This start date will be the expected start date. We allow a two-week grace period only from this original start date. Spots **will not** be held beyond that date.

Initials _____

Will your child have a sibling enrolled? Yes No If yes, sibling's name: _____

How did you hear about us: Sign Website Friend/Relative Other: _____

Signature of Parent/Guardian: _____

Date: _____

FOR OFFICE USE ONLY:

Registration Fee Received: \$ _____

Check #: _____

Director/Manager notes: _____

Start Date: _____

Packet Given: _____