



Mini Miracles
Child Care Center

BEFORE/AFTER

3107 Stockwell Road (318) 742-5400
www.minimiracles.net

Child's Name _____ Last _____ First _____ MI _____

Home Address _____ City _____ State _____ Zip _____ Phone # _____

Boy _____ Girl _____ Birthdate _____ Age _____

Grade next year _____ School _____

	Mother/Guardian	Father/Guardian
Name		
Address		
Home Phone		
Work Phone		
Cell Phone		
Email		

Contacts	Home #	Work #	Cell #
Emergency Contact 1			
Emergency Contact 2			
Emergency Contact 3			
Emergency Contact 4			
Doctor's Name	Hospital	Work #	N/A

Include Relationship to child

The following persons have permission to pick up my child and may be contacted in case of emergency. (provided the above persons are not available) All contact persons are required to present a picture ID before the child is released.

Name	Relationship	Contact Phone # 1	Contact Phone #2

I understand that my child will NOT be released to anyone except the names listed above. Any changes must be given in writing to the Director/Owner of MMCCC.

List below any allergies your child has.

Parent/Guardian's Signature

Date

§1515.A.1,2,3

Admit Date: _____

Child's Information Form

Child's Name: _____ Sex _____ Birthdate _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone#		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

 Phone#: _____

 Phone#: _____

 Phone#: _____

 Phone#: _____

- | | | |
|--|-----|----|
| Does your child have any food allergies? | Yes | No |
| Does your child have any other allergies? | Yes | No |
| Does your child have any dietary restrictions? | Yes | No |
| Does your child have any special needs or health concerns? | Yes | No |

Please explain any "yes" answer here:

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity)

Name(First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Daily Transportation Authorization

I give permission for my child, _____
(child's name)

to be transported in (the center's vehicle or contract vehicle)
(circle one)

for the following reasons:

yes no

_____ to and from home or school _____
(Name of School)

_____ to and from dance, karate, gymnastic lessons _____
(Location)

_____ to and from _____
Specify Reason or Location

Parent's Signature

Date

MINI MIRACLES/LIL' MIRACLES BEFORE/AFTER SCHOOL CARE

Authorizations and Agreements

Child's Name: _____

***** Please read and initial EACH line. Thank You *****

- I agree to pay the non-refundable (one time) Registration Fee of **\$75.00**, at time of registering my child. _____
- I agree to pay the weekly tuition fee of **\$60.00/\$75.00** each Friday, for the following week.

- I understand that if my payment is not received by 6:00 pm Monday, a **\$10.00** late fee will be assessed to my account. _____
- I agree to pay a **\$35.00** NSF fee and a **\$10.00** late fee for all returned checks. _____
- I agree to pay a late fee of **\$20.00** AND **\$1.00** per minute, if my child is picked up **AFTER 6:00 pm**. _____
- I understand that a two(2) weeks noticed is required should I withdraw my child from the center for any reason. _____
- I understand the **FULL TUITION** for **EACH OF THE TWO(2) WEEKS** notice is to be paid whether my child attends the center or not. _____
- I understand that my child will **ONLY** be released to the person(s) authorized by me, (parent or legal guardian); This includes person(s) listed as an emergency contact(s). _____
- My child has permission to play on any jumpers/playground equipment provided by Mini Miracles Child Care Center. _____
- I give permission for my child to have sunscreen applied to him/her by a Mini Miracles Child Care Center Staff member. I further understand that I must supply sunscreen lotion/spray/etc. for my child and this shall not be shared/used by any other child. _____
- I authorize Mini Miracles Child Care Center to secure appropriate emergency medical treatment or assistance, to/for my child, if ever deemed necessary, by any member of the Staff. _____
- I understand that if I withdraw my child from Mini Miracles Child Care Center, and my account is not paid in full, Mini Miracles Child Care Center will turn my account over to their Collection Agency/Legal Department, at their earliest convenience, to receive ALL MONIES OWED, INCLUDING LATE FEES/PENALTIES/FAILURE TO PAY FEES.
Parents initials _____

I certify that I have read, agree to and initialed the above information.

Parent/Legal Guardian signature _____ Date _____