



# CHILD CARE REGISTRATION FORM

(Please use separate form for each child)

Date of Registration: \_\_\_\_\_

Location Preference:  Village Pointe (410 N 179<sup>th</sup> Plaza Circle, Omaha)  
 Pacific (910 S 191<sup>st</sup> Court, Elkhorn)

Desired Start Date: \_\_\_\_\_

CHILD INFORMATION			
Child's Name: _____			
Date of Birth (expected DOB): ____/____/____			<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address: _____			
City: _____		State: _____	ZIP Code: _____
ENROLLMENT TYPE REQUESTED (SELECT ONE)			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time (3 days)	Days Requested: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
PARENT/GUARDIAN INFORMATION			
<b>Father's Full Name:</b> _____			Marital Status: _____
Address (if different than above): _____			
City: _____		State: _____	ZIP Code: _____
Primary Phone Number: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone Number: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
**E-mail Address (required): _____			
Employer: _____			
<b>Mother's Full Name:</b> _____			Marital Status: _____
Address (if different than above): _____			
City: _____		State: _____	ZIP Code: _____
Primary Phone Number: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone Number: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
**E-mail Address (required): _____			
Employer: _____			
Has your child been previously enrolled with Small Miracle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which year? _____			
Will your child have a sibling enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, sibling's name: _____			
How did you hear about us: <input type="checkbox"/> Sign <input type="checkbox"/> Website <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other: _____			
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. <b><i>*Space may be limited and filling out this form does not guarantee enrollment.</i></b> <b><i>**If placed on the Wait List, the Enrollment Coordinator will contact you periodically via e-mail to provide updates.</i></b>			
Signature of Parent/Guardian: _____			Date: _____
FOR OFFICE USE ONLY:			
Registration Fee Received: \$ _____		Director/Manager notes: _____	
Start Date: _____	<input type="checkbox"/> Packet E-mailed		