



"Preparing Your Child for a Changing World"
 14221 Southfield Rd.
 Detroit, MI 48223
 (313) 837-5030

APPLICATION

Child's Name _____ Age _____

Birth Date _____ Phone _____ Male _____ Female _____

Address _____ City _____ Zip Code _____

Mother's Name _____

Place of Employment _____ Address _____

City _____ Zip Code _____ Phone Number _____

Father's Name _____

Place of Employment _____ Address _____

City _____ Zip Code _____ Phone Number _____

Mother's Cell Phone# _____ Father's Cell Phone # _____

Pick-up Authorization

Please list any person (other than parent that has your permission to pick your child up from Mini Miracles.

Name _____ Address _____

City _____ Phone _____

Name _____ Address _____

City _____ Phone _____

For the safety of all children, we ask that you notify the main office when changes are made for pick-up. A picture ID will be required from anyone other than the parent when picking up a child.

EMERGENCY NOTIFICATION

Please list any person we may contact in case of an emergency.

Name _____ Phone# _____ Cell# _____

Name _____ Phone# _____ Cell# _____

Medical Information

Child's Doctor _____ Phone# _____

Address _____ City _____ Zip Code _____

In case of emergency your child will be taken to the nearest hospital as determined by EMS.

Please list any allergies your child has :

SIBLINGS

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

_____ Date _____

(Signature of Parent of Guardian)