



# BEFORE/AFTER

3107 Stockwell Road (318) 742-5400  
[www.minimiracles.net](http://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		

Include Relationship to child

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

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**