

MINTO'S CASA



28190 Farmington Road, Farmington Hills, MI 48334

Tel: (248) 489-3055

mintoscasa@gmail.com

Child Information Packet

Child's Name: _____ Birthdate: _____
Home Address: _____
City, State, Zip: _____

Please Circle One: Male Female

Father's Name: _____	Mother's Name: _____
Father's Email: _____	Mother's Email: _____
Father's Occupation: _____	Mother's Occupation: _____
Father's Employer: _____	Mother's Employer: _____
Employer's Address: _____	Employer's Address: _____
City, State, Zip: _____	City, State, Zip: _____
Father's Work Phone: _____	Mother's Work Phone: _____
Father's Cell Phone: _____	Mother's Cell Phone: _____

Parent's are (please circle one): Married Separated Divorced Single

Child resides with (circle all that apply): Mother Father Grandparents Other

Siblings:

Name	Age	School

Emergency Contact (other than parents):

Name: _____
Home Address: _____
City, State, Zip: _____
Cell Phone Number: _____ Home Phone Number: _____

How did you hear about us? Please be as specific as possible: _____

Program of Choice: <i>please select one</i>	Infant <i>6 weeks - 1 year</i>	Toddler 1 <i>1 - 2 years</i>	Toddler 2 <i>2 - 2.5 years</i>	Toddler 3 <i>2.5 - 3 years</i>
Half Day <i>5 hours, morning only</i>				
Full Day <i>anytime between 7 - 6</i>				

all ages are approximate and subject to change

Preschool Schedule: <i>check all that apply</i>	Before Care <i>7:00 - 8:30</i>	Half Day <i>8:30 - 12:30</i>	Full Day <i>8:30 - 3:30</i>	After Care <i>3:30 - 6:00</i>
Returning children will stay in their current classroom. New students will be placed where available. No requests will be taken.				

Food will be provided by: Home Center
 Is the child vegetarian? Yes No

Please list all allergies: _____

Medical Conditions: _____

Special Instructions: _____

I hereby give prior approval and grant permission for the following:

- For my child to attend school approved field trips with assigned drivers.
- For my child to participate in any school activities and use of all school equipment.
- For the school to secure emergency medical care and understand that the expenses incurred will be the responsibility of the parent/guardian of the child.

I have read the tuition policy and agree to abide by it.

 Parent Signature

 Date