

# Mini Miracles & Me

Child/Adult Class at Small Miracles Preschool

Are you looking for a social and learning opportunity for you and your child? A place to meet other people with young children while enjoying playtime, a story, songs, and a craft with your child? Then this is the class for you and your tot!



**Mini Miracles & Me!**

## Join Us This Winter!

**Mini Miracles & Me** is a weekly class offered at Small Miracles Preschool for children between the ages of 20-36 months (by the 1st day of class) and an adult.

### Day and Time:

**Wednesday class: January 16 thru March 6**

**Thursday class: January 17 thru March 7**

I am registering for: \_\_\_\_\_ **Wednesday 9:00-10:00 Fee \$90 (8 week session)**  
\_\_\_\_\_ **Thursday 9:00-10:00 Fee \$90 (8 week session)**

Check or money order payable to Small Miracles Preschool, please write Mini Miracles in the memo area)  
Maximum number of children in each class is 6 and the minimum is 4. If the minimum number is not met by 3 days prior to the first class the class will be cancelled and your payment will be refunded.

To Register for **Mini Miracles & Me** complete and return this registration form with your non-refundable tuition payment to Small Miracles Preschool, 2700 75th Street, Woodridge, IL 60517.  
For more information, contact Mandy Meyers at [smallmiracles@woodridgeumc.org](mailto:smallmiracles@woodridgeumc.org) or call 630-968-6095

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Participating Adult's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Who is this person to your child? \_\_\_\_\_ (parent, grandparent, caregiver)

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Email: \_\_\_\_\_

### Waiver and Release for Mini Miracles & Me

Allergies or Medical Conditions: \_\_\_\_\_

(Note: If your child is allergic to anything requiring an Epi-Pen, you must have an Epi-Pen onsite each day your child is at class.)  
This medical information for my child is correct to the best of my knowledge. My child is current on all immunizations.

I agree that I will not hold Small Miracles Preschool, its employees, responsible for any accident or injury arising out of my child's participation in the Mini Miracles & Me Class.

I give my permission to Small Miracles Preschool/Woodridge United Methodist Church to use photographs or videos from this class in print and web-based communications.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_