



**CHILD PLACEMENT FORM**

1750 20th Street, Vero Beach, FL 32960 / 772-562-7907 / License # C151R0056

Child's Name: \_\_\_\_\_  
*Last First Middle*

Birth Date / Expected Date of Birth: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Email Address: \_\_\_\_\_  
*Home Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_ *Work Phone* \_\_\_\_\_  
*Home Address:* \_\_\_\_\_  
*Employer:* \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Email Address: \_\_\_\_\_  
*Home Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_ *Work Phone* \_\_\_\_\_  
*Home Address:* \_\_\_\_\_  
*Employer:* \_\_\_\_\_

Please include the nonrefundable \$100.00 registration fee .  
This fee will secure your child's name on our waiting list.

Child's Name: \_\_\_\_\_  
Last First Middle

Please tell us about your child; special likes or dislikes or areas of concern:

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How did you find out about our preschool? \_\_\_\_\_

**Section 10M-12.008 (2) F.A.C. requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. The parents' or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:**

I, \_\_\_\_\_, have received a copy of the Child Care Facility brochure, KNOW YOUR CHILD'S DAY CARE CENTER.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Section 10M-12.013 requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parents' or legal guardian's signature verifies the parents or guardians have been notified in writing of the disciplinary practices of the child care facility. Please complete the following:**

I, \_\_\_\_\_, have received in writing the disciplinary practices used by the child care facility.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**I have received a copy of the center handbook and understand and agree to go by center policies, which include payment of fees as outlined in the handbook. If at any time the center staff does not feel they can meet my child's needs, or if he does not benefit from the program, the center reserves the right to terminate services.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date