

1750 20th Street, Vero Beach, FL 32960 / 772-562-7907 / License # C15IR0056

Child's Name:				
	Last	First	Middle	
Nickname:	Birth date:		Sex:	
Mother's Name:		Email Address:		
Home Phone:	Cell Phone:	Cell Phone: Work Phone:		
Home Address:				
Employer:				
Employer's Address:				
Father's Name:		Email Address:		
Home Phone:	Cell Phone:	Work Pho	one:	
Home Address:				
Employer's Address:				
Please list any Known Aller	rgies or Special Medical or Dieta	ary Needs of the Child:		
			<i>+</i>	
people will also be contacted	o the custodial parent or legal gu d and are authorized to remove th on, the custodial parent or legal g	he child from the facility in	case of illness, accident or	
1)	Add	"ross	Phone	
2)	лии	100	1 none	
Name	Add	ress	Phone	
3)				
Name	Add	ress	Phone	
4)N				
Name	Add	ress	Phone	

Child's Name:		
Last	First	Middle
Please tell us about your child; special likes or dislikes	s or areas of concern:	
How did you find out about our preschool?		
Section 10M-12.008 (2) F.A.C. requires that parents KNOW YOUR CHILD'S DAY CARE CENTER. Th		
the child care brochure. Please complete the followi		iaiare verifies receipt of
I,	, ha	ave received a copy of the
Child Care Facility brochure, KNOW YOUR CHILD		15
	o bitti chike celtitek.	
Signature of Parent or Legal Guardian		Date
Section 10M-12.013 requires that parents are notifie		
care facility. The parents' or legal guardian's signal writing of the disciplinary practices of the child care		
I		ave received in writing the
disciplinary practices used by the child care facility.	, no	ave received in writing the
disciplinary practices used by the child care facility.		
Signature of Parent or Legal Guardian		Date
Signature of Furent of Legal Guardian		Duic
I have received a copy of the center handbook and u	nderstand and agree to go by cent	er policies which include
payment of fees as outlined in the handbook. If at a	ny time the center staff does not fe	el they can meet my
child's needs, or if he does not benefit from the prog	ram, the center reserves the right	to terminate services.
Signature of Parent or Legal Guardian		Date