



Request for Child Placement

1750 Twentieth Avenue, Vero Beach, FL 32960, (772) 562-7907, Lic No.: C151R0056

www.earlyeducationcenter.org

CHILD FAMILY INFORMATION

Child's Name: _____ Name Used: _____

Date of Birth or Expected Date of Birth: _____

Child's Address _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

PARENT WORK INFORMATION

Employer _____ Employer _____

Address _____ Address _____

Business Phone _____ Business Phone _____

Has your child had previous Day Care Placement? Yes No

Where? _____

Reason for Requesting Placement? _____

Hours of Service

7:30-5-30PM

PLEASE INCLUDE THE NONREFUNDABLE \$50 REGISTRATION FEE WITH THIS FORM

THIS FEE WILL SECURE YOUR CHILD'S NAME ON OUR WAITING LIST