



1725 Hermitage Blvd.
Tallahassee, FL 32308
Ph.: (850) 325-6301
Fax: (850) 325-6302

Child Care Waiting List

We are delighted that you have chosen to be placed on our waiting list for child care with IMPACT Tallahassee. Our goal is to offer your child a spot in the classroom that best meets your child’s current developmental and social needs. Please fill out the form below and pay the \$25.00 fee for your child to be placed on the waiting list. The fee will go toward your child’s registration when a slot opens.

Date: _____

Child’s Name: _____

DOB: _____ Current Child Care: _____

Parent/Guardian Name: _____

Address:

Contact Information

Phone: _____ / _____

Email: _____

Classroom Placement and Start Date

Place a check mark by your desired classroom placement:

___ Brainiacs ___ Star Pals ___ Bright Bunch ___ Helping Hands ___ PS/VPK

I am open to my child being placed in the classroom I have selected below until a spot opens up in my desired classroom.

___ Brainiacs ___ Star Pals ___ Bright Bunch ___ Helping Hands ___ PS/VPK

Desired Start Date: _____

Date Waitlist Form & Fee Submitted: _____
Proposed Start Date: _____