



**State of Florida  
Department of Children and Families**

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**PARENT FAMILY DAY CARE HOME  
BROCHURE STATEMENT**

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

Received a copy of "[Selecting a Family Day Care Home](#)"  
brochure.

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Name of Child

BROWARD COUNTY – CIRCUIT 17  
201 West Broward Boulevard, Fort Lauderdale, Florida 33301

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Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and  
Advance Personal and Family Recovery and Resiliency