

# APPLICATION FORM

## The Children Center

236 E Spruce Street  
Missoula MT, 59802

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Date of Requested Enrollment (mm/yyyy) \_\_\_\_\_ Age at Requested Enrollment: \_\_\_\_\_

Days Requested Per Week (Circle):    Monday    Tuesday    Wednesday    Thursday    Friday

As part of the Best Beginnings STARS to Quality program, the Children's Center reserves the right to give priority to 15% high needs children. As a program we need to know if your child or family fit into any of the following categories. (Please Circle all that apply)

High Needs is defined as:

- Children receiving services from the following:
  - Part B <http://www.apa.org/about/gr/issues/disability/idea.aspx>.
  - Part C <http://www.apa.org/about/gr/issues/disability/idea.aspx>.
  - Home Visiting programs <http://dphhs.mt.gov/publichealth/homevisiting>.
  - Children's Mental Health Bureau
  - Children and Family Services Division
- Evidence that the child has special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.)
- Enrolled Tribal member
- Children of teenage parent(s)
- Children being served through Best Beginnings subsidy  
<http://dphhs.mt.gov/hcsd/ChildCare/BestBeginningsScholarships>.
- Children of migrant families
- Children who are homeless

## Family Information

Parent/ Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Siblings Currently Attending/Past Students: \_\_\_\_\_

*\*There is a one-time, non-refundable Application Fee of \$30 to be placed on the waiting list. This \$30 will be deducted from the \$80 Enrollment Fee if your child starts in our school.*

*\*Need one Application per child*

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*(Office Use Only)*

*Date \$30 Application Fee Received: \_\_\_\_\_*

*Date Application Received: \_\_\_\_\_*