

The Children's Center

Play, Learn and Grow
Together

236 E. SPRUCE STREET, MISSOULA, MT 59802 // 406-721-2106

<http://www.missoulachildrenscenter.com/>

APPLICATION FORM

Child Name: _____ Birthdate: _____

Today's 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/Alumni 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.*

(Office Use Only)

Date \$30 Application Fee Received: _____

Date Application Received: _____