**Child Enrichment Center**

Enrollment Application



*Applications may be delivered, mailed, emailed, or scanned to:*

**Physical and Mailing Address: Email Address:**

Attn: Micaela Wilfong Recipient: Micaela Wilfong

Child Enrichment Center Email: micaelaw@florencecrittenton.org

3404 Cooney Drive Fax: 406-442-6571

Helena, MT 59602

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| **Demographic Information** |
| Name of Child: | Click or tap here to enter text. | Date of Birth: | Click or tap to enter a date. |
| **Parent/Guardian Information** |
| Name of Parent/Guardian: | Click or tap here to enter text. |
| Primary Phone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Name of Parent/Guardian: | Click or tap here to enter text. |
| Primary Phone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| Parent/Guardian with whom child resides:  | Click or tap here to enter text. |
| **Enrollment** |
| Type of Enrollment: | Choose an item. |
| Date for Enrollment to Begin:  | Click or tap to enter a date. |
| Please list all the agencies that are currently serving your child: |
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| **Additional Information** |
| How did you hear about our Child Enrichment Center? Click or tap here to enter text. |
| What do you hope for your child to gain from their experience in our program?Click or tap here to enter text. |

*Note: Completion of this application does not guarantee a spot in our program.*

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| **Office Use ONLY** |
| Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Date Accepted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Date Started: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_Payment Method(s): BBS: \_\_\_\_\_ WA-F: \_\_\_\_\_ PP: \_\_\_\_\_ |