

Child Enrichment Center

Enrollment Application



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

Physical and Mailing Address:

Attn: Micaela Wilfong
 Child Enrichment Center
 3404 Cooney Drive
 Helena, MT 59602

Email Address:

Recipient: Micaela Wilfong
 Email: micaelaw@florencecrittenton.org
 Fax: 406-442-6571

DEMOGRAPHIC INFORMATION

Name of Child:		Date of Birth:	
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PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian:	
Primary Phone:	
Email Address:	
Name of Parent/Guardian:	
Primary Phone:	
Email Address:	
Parent/Guardian with whom child resides:	

ENROLLMENT

Type of Enrollment:	
Date for Enrollment to Begin:	
Please list all the agencies that are currently serving your child (check all that apply):	
<input type="checkbox"/> Best Beginnings Scholarship <input type="checkbox"/> Part B – IDEA <input type="checkbox"/> Part C – Early Intervention for Infants/Toddlers <input type="checkbox"/> Home Visiting <input type="checkbox"/> Child and Family Services <input type="checkbox"/> Other: _____	

ADDITIONAL INFORMATION

How did you hear about our Child Enrichment Center?

What do you hope for your child to gain from their experience in our program?

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

OFFICE USE ONLY

Date Received: ____/____/____	Date Accepted: ____/____/____	Date Started: ____/____/____
Payment Method(s): BBS: ____ WA-F: ____ PP: ____		

