

Caterpillars Parenting Center Application



Phone: 406-442-8774 Ext 202

Fax: 406-442-0428

Email: caterpillars@ywcahelena.org

Name: _____
Last First Middle Maiden Other/Aliases

Address: _____
Street City State ZIP

Phone: _____
Home Work Cell

Age: _____ DOB: _____ Occupation: _____ Make/Model: _____ Plate #: _____

Marital Status: Single Married Divorced Separated Widowed

Are you currently in a relationship? Yes / No Name of partner: _____

Your relationship to the child(ren) participating: _____

Name of other parent or guardian:

_____ Last First Middle Maiden Other/Aliases

Your relationship to the other parent or guardian: _____

Service Requested: On-Site Supervised Parenting Time Supervised Safe Exchange Circle of Security

Referred by: _____ Is a Parenting Plan in place? Yes / No

Court ordered? Yes / No If yes, please list judge and district: _____

Have you ever been charged with or convicted of a crime other than a traffic violation? Yes / No

If yes, please explain: _____

Child(ren) involved:

Name	Age/Gender	Date of Birth	Resides primarily with:
	/		
	/		
	/		
	/		

Allergies/health conditions of the child(ren) using the center: _____

Please describe a history of events/incidents that brings you to use Caterpillar’s. Include the child(ren)’s involvement and the involvement of any other agencies, if any.

*Do you need any accommodations for any reason? Yes/No. If yes, please indicate need _____

My signature below certifies that all information on this application is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations.

Signature: _____

Date: _____