

Legal Guardian's Name (if different than parent): _____

Relationship to child (grandparent, child protection specialist, foster placement, etc) _____

Address: _____
Street City State ZIP

Phone: _____
Home Work Cell

Email: _____

Race/Ethnicity (please check all that apply):

American Indian or Alaska Native		Hispanic or Latino	
Asian		Native Hawaiian or Other Pacific Islander	
Black or African American		White Non-Latino or Caucasian	
Some other race		Multiple Races	

Please indicate any services parent or child have or need at this time:

	HAVE (H) NEED (N)		HAVE (H) NEED (N)
Developmental Assessment		Parenting Coaching/Classes	
Speech Therapy		Physical Therapy	
Occupational Therapy		Children's Case Management	
Special Education (IEP)		Early Intervention (IFSP)	
Mental Health Services		Psychiatric Services	
Behavior Intervention		Autism Evaluation	
Pediatrician		Dentist	
Hearing Evaluation		Vision Screening	
SNAP		WIC	
CFS Case		Foster Care Support Group	
Supervised Parenting Time		Safe Custodial Exchange Services	
Parenting Plan		Order of Protection	
Other:		Other:	

All children enrolled in the Caterpillars Clubhouse Childcare must be eligible for the Best Beginnings Scholarship.

Have you completed the application through the Childcare Connections website? Yes/No
Would you like assistance in completing the application? Yes/No

Referring agency/individual: _____

Phone Number: _____ E-mail address: _____

Reason for referral to our program: _____

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: _____