

## Caterpillars Clubhouse Childcare Referral Form

Phone: 406-442-8774 Ext 109 Fax: 406-422-1968

Email: steph@ywcahelena.org

Hours of Operation: Monday through Friday, 7:30 am to 5:30 pm Closed the fourth Thursday of every month for staff development

Child's Inform	ation:			
Child's Name:	First	Middle		1
	FIRST	Middle		Last
Age:	DOB:	Gender Identity:		
Does this child	have any special needs	or accommodation requirements?	(toilet trainir	ng, hearing impairment)
Does this child	have any allergies or spe	ecial dietary restrictions?		
Family Demog	graphics:			
Mother's Name	e:			
Address:	Street			
	Street	City	State	ZIP
Phone:				
-	Home	Work		Cell
Email:			Living wi	ith child? Yes 🔲 No
Father's Name	:			
Address:				
	Street	City	State	ZIP
Phone:				
I	Home	Work		Cell
Fmail <sup>.</sup>			Living wi	ith child? Yes No

Legal Guardian's Name (if different tha	n parent):					
Relationship to child (grandparent, child	d protection	on specialist, foster placement, etc)				
A days a co						
Address:		City State	ZIP			
Phone:		Work	Cell			
nome		WOIK	Cell			
Email:						
Race/Ethnicity (please check all that ap	oply).					
American Indian or Alaska Native	<u> </u>	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:				
H/	AVE (H)		HAVE (H)			
	EED (N)		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:						
		on on this application is true, correct falsifications or misrepresentations.				
Signature:		Date: _	Page 2 of 2			
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