



Best Beginnings Child Care Referral Program Child Care Need Form



In order to find the best match for you and your children's needs, please complete the following information. The information provided is for referral purposes only. MT Child Care Resource & Referral agencies and the Best Beginnings Child Care Referral Program do not warrant the information concerning any provider, nor do we license, endorse, or recommend any particular provider. Only you can determine whether the quality of care is appropriate for your child by thorough screenings and visits with the provider prior to care being provided.

Please Print Legibly

Today's Date: _____

Parent(s) Name: _____

Mailing Address: _____ City: _____ St.: **MT** Zip: _____

E-mail: _____

Do you receive payment assistance from any of the following programs?

____ Best Beginnings Scholarship ____ TANF (w/Best Beginnings Scholarship) ____ No assistance

Starting date care is needed: _____ City you would like to find care in: _____

Name(s) of Child(ren)	Gender	Date of Birth	Days care is needed	Hours care is needed		
<i>EX: Jane Doe</i>	<i>F</i>	<i>10/17/2007</i>	<i>Mon – Fri</i>	<i>8 AM</i>	<i>-</i>	<i>5 PM</i>
					-	
					-	
					-	

What type of care are you looking for?

____ Child Care Center (13 or more children) ____ Family Child Care (3-6 children) ____ Group Child Care (7-12 children)

Do you have any needs/preferences regarding environment?

____ Provider will toilet train	____ Offers field trips	____ Wheelchair accessible
____ No pets at facility	____ Outdoor activities	____ Uses a structured curriculum
____ Non-smoking facility	____ Outdoor play equipment	____ No TV
____ No vehicle transportation	____ Preschool Program	____ Summer Program

If you are you looking for a provider with special needs experience, please specify: _____

Additional information: _____

Would you like a personal consultation on selecting quality child care? (circle one) **YES** **NO**

If yes, please call and schedule an appointment time to speak with a Referral Specialist.

Would you like to receive the consumer education information? ____ Mail ____ Email

I would like to have my referral list: (check one)

____ Mailed to me at the address listed on front
____ Emailed to me at the email listed on front

Office Hours

Monday, Wednesday- Friday 8:00 AM- 5:00 PM
1st Saturday of the month 10:00 AM- 12:00 PM