



The Chickasaw Nation Early Childhood Program Application

300 Rosedale Road/ Ada, Oklahoma 74820
(580) 421-7711 / (580) 436-7279 fax

Ada Ardmore Sulphur Tishomingo

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY A COMPLETE AND SIGNED APPLICATION TO BE CONSIDERED FOR ENROLLMENT.

- | | |
|---|--|
| <input type="checkbox"/> CDIB or other tribal documentation | <input type="checkbox"/> Insurance/Sooner Care |
| <input type="checkbox"/> Current immunization record | <input type="checkbox"/> State birth certificate |

Applicant Information			
Child last name	First	Middle	Gender
			<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth	Age	Public school district	
Race			
<input type="checkbox"/> Native American			
Please indicate tribal affiliation: _____			
<input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____			

Primary Parent/Guardian Information		
Name	Relationship to child	
Address		
City	State	ZIP
Email address		
Home phone	Work phone	
Cell phone	Chickasaw Nation employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Secondary Parent/Guardian Information		
Name	Relationship to child	
Address (If different than above)		
City	State	ZIP

Email address	
Home phone	Work phone
Cell phone	Chickasaw Nation employee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Are there any hardship conditions in your family at this time? Yes No

If yes, please describe: _____

Does your child have a documented disability or special need (speech, IEP, IFSP, etc.)? Yes No

If yes, please attach supportive documentation.

Please address in detail any educational, medical, social or emotional concerns you have for your child.

Does your child require transportation to/from school? Yes No

Has any member of your immediate family been a Chickasaw Nation Head Start or Early Childhood Program participant? Yes No

I certify that the information that I have submitted is true to the best of my knowledge and realize it is subject to verification, and that falsification is grounds for immediate termination and may subject me to prosecution under law. I allow the release of information for verification and reporting purposes.

 Parent/guardian signature

 Date

Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> CDIB or other tribal documentation | <input type="checkbox"/> Eligible for enrollment |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Added to waiting list |
| <input type="checkbox"/> Immunization record | |
| <input type="checkbox"/> Insurance/Sooner Care | |