



Tulsa Educare, Inc.
Child Application Form

A separate copy of this form must be completed for each child applying to TEI Early Childhood Programs

Head of Household: _____ **Date of Birth:** _____

Child Information

Child's Name: _____ Date of Birth: _____

Child's Preferred Name: _____ Is your child a returning student: Y/N _____

This child lives with: One Parent Two Parents Guardian Shared Custody Foster Parent

Do you have custody of the above listed child? Yes No Shared
If no, give the legal name of the person having legal custody: _____
If shared custody, with whom do you share custody: _____

Enrollment Region Preference

Educare I-Kendall Whittier Educare III-MacArthur
 Educare II-Hawthorne

Child Care Information

Is the child named above currently enrolled in full time childcare or education program? Yes No
If yes, what type? Child Care Center Family child care home Relatives Home Pre-School
Other: _____
Are you looking for a childcare or education program so that you can attend school or work? Yes No
What hours are you needing child-care? _____

Child's Development

Do you have concerns about your child's overall health and development?: Yes No
If yes, describe concerns: _____
Who has expressed concerns:
 Primary Care physician Medical Provider Early Childhood staff
 Sooner Start Family Member (Other specify) _____
Does your child have a documented disability, a certified IEP/IFSP or need assistive services? Yes No
If yes, what is the date of the IEP/IFSP: _____
Do you have any concerns about your child's mood or behavior? (For example: excessive crying, aggressive behavior, tantrums, or sexual behavior.) Yes No
If yes, describe concerns: _____

Nutritional Information

Does your child have a food allergy? Yes No
If yes, what is the allergy to? _____ Describe any reaction: _____
Is your child on a special diet prescribed by a doctor? If yes, explain: _____ No
Please list foods not eaten for medical, religious or personal reasons: _____
Does your child take vitamins or supplements? Yes No If Yes, was the supplement prescribed? Yes No
Does the child eat or chew things that are not food? Yes No
Has there been a change in your child's appetite in the past month? Yes No
Do you have concerns about your child's eating behaviors or about foods your child eats? Yes No
Is yes, describe: _____

Do you receive WIC? Yes No
Please complete the following two questions only if your child is 0-12 months old.
What does your child eat? Breast Milk Milk Formula (Specify Brand) _____
 Other _____
Feeding Method: Breast Fed Bottle Fed



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Child's Name: _____ Date of Birth: _____

Medical Home Information

Physician/Clinic: _____ Phone: _____
Dentist: _____ Phone: _____
Specialist: _____ Phone: _____
Type of Health Insurance: [] SoonerCare [] Medicaid [] Indian [] Private [] None [] Other _____
Insurance Provider's Name: _____ Dental Coverage Included: [] Yes [] No
Insurance Policy Number or ID: _____ Insurance Expiration Date: _____

Medical History

Has your child ever been hospitalized or had surgery? If yes, explain: _____ [] No
Has your child ever had a serious accident? If yes, explain: _____ [] No
Identify any past or present health conditions your child has had:
[] Anemia [] Diabetes [] Asthma
[] Hearing Difficulties [] Heart Murmur [] Trouble Chewing or Swallowing
[] Wears Hearing Aid [] Sickle Cell Disease [] Frequent Constipation
[] Vision Problems [] Allergies [] Frequent Diarrhea
[] Glasses are prescribed [] Eczema
Does your child take medications at home? [] Yes [] No
Will your child need to take medications at school? [] Yes [] No
If yes, what is the name of the medication: _____
Why does your child take the medication: _____

Birth History

Weight: _____ Pounds _____ Ounces Length: _____ inches _____
Gestational Age: [] Term [] Premature (Weeks): _____ [] More than 2 weeks overdue
Type of delivery: [] Vaginal [] Cesarean [] Unknown
Length of infant's hospital stay: [] Routine [] Non-Routine, Length of Stay _____
Delivery Location: [] Hospital/Clinic [] Birthing Center [] Home [] Unknown
Were there any complications associated with this delivery (pre-term, fetal distress, etc)? [] Yes [] No [] Unknown
If yes, describe, _____
Did baby have any problems at birth? [] Yes [] No
If yes, describe _____
Describe any observable birth defects _____
Did the mother have any health problems during pregnancy or delivery? [] Yes [] No
If yes, describe _____



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Shall Be Referred to as Child and Parent Below:

(Child) Child's Name: _____	Date of Birth: _____
(Parent) Parent/Guardian Name: _____	Date of Birth: _____

Consent for Health Services

As partial fulfillment of my partnership with Tulsa Educare, Inc. (TEI) Early Childhood Programs, I hereby agree that **Child**

1.) Shall receive all of the health services required by the Head Start Performance Standards, within the mandated time frame of 45 days from the first day of attendance. These services may be provided by Early Childhood Programs staff or by collaborative and/or contracted providers. Providers might include area public school systems, university medical centers, and/or affiliated agencies. I understand that these services may include, but are not limited to:

- Developmental Screening/Observation
- Social/Emotional/Behavioral/Mental Health Observations
- Vision Screening
- Hearing Screening
- Height & Weight Assessment

2.) Shall brush his/her teeth daily in the center he/she attends, with an ADA approved fluoride toothpaste and toothbrush provided by TEI Early Childhood Programs.

3.) Information regarding my child's health status, screenings, observations, and evaluations will be shared with collaborative and/or contracted providers. Providers might include area public school systems, university medical centers, and/or affiliated agencies.

4.) I understand that I will be asked to sign specific release of information forms to assist the Early Childhood Programs staff in obtaining updated health information.

Parent Signature: _____ **Date:** _____

Authorization for Emergency Treatment to Minors

I, the undersigned parent or legal guardian of **Child** does hereby authorize any emergency x-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of TEI Early Childhood Programs, the temporary custodian of the minor.

It is understood that this emergency consent is given in advance of any specific diagnosis or treatment being required.

This consent shall remain effective during the 2011-2012 school year, unless revoked in writing to TEI Early Childhood Programs.

Parent Signature: _____ **Date:** _____

Permission to Transport Child

I understand that if **Child** has a medical emergency while at TEI Early Childhood Programs, that 911 will be called to transport him/her immediately to the nearest hospital. To the extent possible, transport will be provided to the specified preferred hospital.

Preferred Hospital: _____

Parent Signature: _____ **Date:** _____

Permission to Photograph Child

I authorize TEI to photograph **Child** for promotional and marketing purposes for Early Childhood Programs.

This authorization will expire one year from the date of signature.

Parent Signature: _____ **Date:** _____

Notice of Privacy Policy Receipt

This is to acknowledge that I have received a copy of TEI's Privacy Policy. The Privacy Policy provides me with information about how TEI may use and disclose **Child's** educational, health, and financial information.

Parent Signature: _____ **Date:** _____



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Head of Household: _____ **Date of Birth:** _____

Participation Expectations Agreement

_____ I have a contract with DHS for child care assistance. _____ Private pay

Tulsa Educare is a high quality early childhood program that assists you to help prepare your child for school. To provide the highly educated teachers, extensive curriculum and extra activities offered, costs the agency over \$20,000 a year per child. This adds up to around \$400 per week per child and is supplemented by private donations.

You have agreed to pay _____ per week for the Educare program, which means that Educare will be providing a weekly scholarship in the amount of _____ or you have a contract with the Department of Human Services for child care assistance and a co-payment that you are responsible for paying. What we ask of you in return for the low cost you are receiving is, active parent participation. The latest research has shown that the following activities will lead to your child's long-term school success. If you fail to withhold your end of the agreement, we may need to find another child and family that will appreciate the benefit that they are receiving.

Your participation is important to us and to help ensure that your child benefits from the Educare program, we expect you to:

- Understand that you are the most important and central person to your child's education.
- Ensure your child attends school every day or notify the center of illness and absences.
- Spend at least 30 minutes in the classroom twice a week doing parent/ child activities with your child
- Participate with your child in at-home activities designed to promote literacy and learning.
- Be an active participant in home visits and parent conferences provided by teachers and family Advocates.
- Attend monthly parent meetings.
- Establish and maintain on-going communication with school staff.
- Ensure that we always have current contact information so you can be reached in case of an emergency.
- Review information that is sent home in Tuesday folders.
- Keep your child's immunizations and well child exams up to date, handle any medical needs that arise and provide documentation to classroom staff.
- If your child does not have a primary doctor, you will work with staff to establish a medical home.
- Understand that nutritious breakfast, lunch and snacks are provided during the day. Due to health regulations, only food provided and prepared by the school can be served at the school. All outside food is prohibited.
- Understand that your child may be removed from the program due to excessive absences.

Parent/Guardian Signature: _____ Date: _____



Head of Household: [] Date of Birth: []

Health Partnership Agreement

Educare’s objective is to ensure that all necessary and recommended health services are received by every child so that each individual is capable of functioning at their full potential. Each aspect of the child’s well-being will be considered when meeting this objective. Physical, emotional, cognitive, and social-emotional health are all part of your child’s well-being.

Objective Goals:

All children enrolled in the program are up to date on the state’s recommended schedule of Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

- The current EPSDT guidelines require a check up at the following ages: 2 months, 4 months, 6 months, 9 months, 12 months, 18 months, 2 years, 3 years, 4 years, and 5 years.

Program staff agrees to:

- Assist parent/guardian in the application process for Sooner Care (Medicaid)
•Assist parent/guardian in finding a continuous source of medical care
•Provide information and educational resources regarding the EPSDT schedule
•Provide a safe and healthy environment in which each child can learn
•Provide parent/guardian with feedback on each child's progress

Parents/Guardians agree to:

- Take their child for all recommended medical and dental examinations and follow-up services when a concern is found
•Provide program staff with copies of results from these appointments and current immunization records
•Keep their child's immunizations up to date as required by state law
•Ask questions to understand the EPSDT schedule
•Provide a doctors statement that explains all necessary procedures, treatments, or medications to be performed at school
a)All medications must have a physician's statement before being administered at school. This includes prescribed and over-the-counter medications and products (e.g., diaper rash ointment, sunscreen, lotions, lip protector).
b)All food allergies must have a current statement from a physician regarding the allergy on file with Nutrition Services before dietary exceptions can be made.
•Request assistance from program staff to meet these requirements

What this all means:

Taking your child in for check-ups when they are well allows the doctor or other practitioner to focus on making sure your child is healthy and growing as expected. Developmental milestones are assessed and if a concern is found intervention services can be started. When problems are found early, often consequences can be prevented. When treatment is started early, children have a better chance at success with living and learning.

If your child has any medical condition that requires staff to provide on-site care for these needs, written instructions must be provided.

Oklahoma State law requires Tulsa Educare staff to report any suspected cases of child abuse.

I enter into this “Health Partnership Agreement” with Tulsa Educare, Inc. understanding the importance of my involvement in my child’s healthcare.

Parent/Guardian Signature: [] Date: []



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I _____ agree to release and save harmless Tulsa Educare, Inc. (TEI, Inc.) and its agents, employees and representatives, of and from any and all liability of any kind or nature whatsoever in connection with any loss, accidents, injuries, damage or expenses suffered or incurred by me or my family members as the result of participation in any TEI, Inc. programs, including any act or failure to act, intentional or unintentional, by: (1) any person who is not a representative, or employee of TEI, Inc. or (2) any other volunteer.

Photo Release

I also give permission to TEI, Inc. to use photographs and/or video of me or my family members obtained while participating with TEI, Inc. I release TEI, Inc. from all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photos, and reproductions, as well as waive my right to inspect or approve the finished photographs.

Medical Release Consent

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Personal Medical Insurance Information:

Name of Family Physician: _____ Telephone: _____

Insurance Company: _____

I hereby authorize the staff of TEI, Inc. to act for me or my family member according to their best judgment in any emergency requiring medical attention and hereby release, exonerate and discharge TEI, Inc., its employees and representatives from any and all actions or cause of actions known or unknown for any injuries incurred while participating in any TEI, Inc. program.

Participant's Name: _____

Participant's Signature: _____ **Date:** _____



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Family Information

Which of the following best describes your type of family: One Parent - Female One Parent - Male Two Parents

Do any of the following describe your family, please check all that apply: Teen Parent A Parent is incarcerated A parent is in the military and deployed
 Grandparent or relative other than birth parent is supporting and caring for child(ren)

Type of Housing: House Apartment Mobile Home/trailer **Housing Payment Type:** Own Rent Subsidized Housing
 Homeless Shelter Other: _____ Living with family member/friend

Are you or your child homeless, living in a shelter, pay a weekly rate for your housing, awaiting foster care placement, living in a car, or living at a friend or relative's house because you cannot afford or find affordable housing? Yes No

What is the primary language spoken by your family at home: _____ How many times have you moved in the past 12 months: _____

What is your family's primary means of transportation: Own a car Bus/Public transportation Friend/Relative Taxi Other _____

How did you find out about the Educare Program? _____

Contact Information

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: (if different than the address given above) _____

Phone Number	Type of phone	Is this your primary phone number	Notes and Comments (Specify if this is a message phone)
_____	<input type="checkbox"/> Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Cell	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Family Income

Current Total Household Income: \$ _____ Weekly Bi-weekly Semi-Monthly Monthly Annually

Please mark all sources of current household income:
 Employment TANF/SSI OKDHS Childcare Subsidy Unemployment Child Support Other: _____

You must provide verification of your total household income. Are you providing a copy of your 2010 federal tax return with this application: Yes No



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Family Members (List everyone living in the same household who are supported by the income of the parent/guardian of the child enrolling or related to the child by blood, marriage, or adoption. Use the Additional Family Members Form if you have more than six family members.)

#	Legal Name	Adult or Child	Date of Birth	Relation to Parent/Guardian	Gender	Child Applying?	Race	Ethnicity	Primary Language	Speaks English?	Country of Birth	Highest Grade Completed	Employer/School
1	Head of Household: Parent /Guardian <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Child's Parent/ Guardian	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Good <input type="checkbox"/> Not at all	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Name of Employer or School: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Student/Training <input type="checkbox"/> Other
2	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Good <input type="checkbox"/> Not at all	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Name of Employer or School: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Student/Training <input type="checkbox"/> Other
3	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Good <input type="checkbox"/> Not at all	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Name of Employer or School: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Student/Training <input type="checkbox"/> Other
4	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Good <input type="checkbox"/> Not at all	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Name of Employer or School: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Student/Training <input type="checkbox"/> Other
5	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Good <input type="checkbox"/> Not at all	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Name of Employer or School: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Student/Training <input type="checkbox"/> Other
6	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Child <input type="checkbox"/> Adult	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Native Am. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Good <input type="checkbox"/> Not at all	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	Name of Employer or School: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Student/Training <input type="checkbox"/> Other



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Emergency Contacts

Emergency Contact 1 form with fields for Name, Relationship to family, Address, City, State, Zip, Phone 1, 2, 3, and checkboxes for Emergency Contact and release authorization.

Emergency Contact 2 form with fields for Name, Relationship to child, Address, City, State, Zip, Phone 1, 2, 3, and checkboxes for Emergency Contact and release authorization.

Emergency Contact 3 form with fields for Name, Relationship to child, Address, City, State, Zip, Phone 1, 2, 3, and checkboxes for Emergency Contact and release authorization.

Certification of Information Provided in Application

I certify that this information is true and correct to the best of my knowledge. I understand that the information about my income may be reviewed by representatives of the State of Oklahoma, the Federal Government, independent auditors, or others as necessary for the administration of this program.

Parent or Guardian's Signature: [] Date: []

Print Parent or Guardian Name: []