



**the
Chickasaw Nation
Education Division / Child Care**

222 Rosedale Road / Ada, OK 74820 / (580) 272-5398 / Fax (580) 272-2735

**Bill Anoatubby
Governor**

**Application for Enrollment
Child Care Development Center**

Ada

Ardmore

Child's name: _____
Last First MI

Date of birth or due date: _____ Gender: Male Female Unknown

Names of persons with whom the child lives: _____

Address: _____

Home phone no.: _____

Father's employer: _____

Work no.: _____ Cell no.: _____ Email address: _____

Mother's employer: _____

Work no.: _____ Cell no.: _____ Email address: _____

Are you currently receiving Chickasaw Nation Child Care Assistance?

Yes No

Does your child currently have a citizenship certificate, CDIB or tribal membership?

Yes No Tribe: _____

Does parent possess a citizenship card, CDIB or tribal membership? Yes No

If yes, will the child be eligible for tribal citizenship/membership? Yes No

Are you a Chickasaw Nation employee? Yes No

If so, what division? _____

Is this child a foster child? Yes No

Is this child a CDC or Head Start sibling? Yes No

Does this child have any special needs? Yes No

If yes, please explain: _____

FOR OFFICE USE ONLY:

Date application received: _____

Date enrolled: _____

Processing date: _____

CDC employee: _____