



**the
Chickasaw Nation
Education Division / School Age**

300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 436-0128

**Bill Anoatubby
Governor**

**Application for Enrollment
School-Age Program**

Ada Ardmore Tishomingo

Please check one:

Requested program: After school Fall Thanksgiving Christmas Spring

APPLICANT:

Child's name: _____ Birth date: _____
First Middle Last Suffix

Mailing address: _____
Street/P.O. Box City State ZIP

Physical address: _____
Street City State ZIP

Same as mailing address

Phone no.: _____ Gender: Male Female Age: _____ T-shirt size: _____

Tribal affiliation: Chickasaw Other Native employee child Non Native employee child

Note: Transportation for children to the afterschool program will only be provided to Ada, Byng and Latta areas.

PARENT/LEGAL GUARDIAN:

Primary contact *individual with whom the child lives

Name: _____
First Middle Last Suffix

Phone: Home: _____ Work: _____ Cell: _____

Relationship: _____ Birth date: _____

Employer: _____ Email address: _____

Is contact an employee of the Chickasaw Nation? Yes No If so, what dept.? _____

Secondary contact

Name: _____
First Middle Last Suffix

Phone: Home: _____ Work: _____ Cell: _____

Relationship: _____ Birth date: _____

Employer: _____ Email address: _____

Is contact an employee of the Chickasaw Nation? Yes No If so, what dept.? _____

QUESTIONS:

Has your child attended our school age program previously? Yes No Last date attended? _____

Is this child a foster child? Yes No

Does this child have any special needs? Yes No If yes, please explain: _____

Are there any current custody or court orders we need to be aware of? Yes No

MEDICATION AND FOOD ALLERGIES:

Please list all medications your child is currently taking (dosage and schedule):

Please list any over-the-counter medications that you give us permission to give to your child: (examples: Tylenol, Motrin, Pepto-Bismol)

Please list any food allergies your child has that staff/employees need to be aware of:

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EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____ Relationship: _____

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PERSONS AUTHORIZED FOR PICKUP: Please list any individuals who are authorized for pickup (other than parent/legal guardian)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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ATTACHMENTS:

To complete this application, please supply copies of the following if applicable:

1. Copy of tribal citizenship card or certificate
2. Copy of current custody or court orders *if applicable
3. Copy of most recent report card *if applicable

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FOR OFFICE USE ONLY:

Date application received: _____ Date enrolled: _____

Processing date: _____ CDC employee: _____