



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

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

**Bill Anoatubby
Governor**

**Application for Enrollment
School Age**

Please check one:

After school Fall Christmas Spring

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Child's name: _____ Date of birth: _____
 Last First MI

Gender: Male Female Age: _____ T-shirt size: _____

Names of persons with whom the child lives: _____

Address: _____

Home phone no.: _____ Child's primary contact: Mother Father

Mother's employer: _____

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

Father's employer: _____

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

Does your child currently have a Chickasaw citizenship certificate, card or CDIB? Yes No
If No is your child Native American? Tribe: _____

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

What school does your child attend? _____

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

Are you a Chickasaw Nation employee? Yes No
If so, what division? _____

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

FOR OFFICE USE ONLY:

Date application received: _____ Date enrolled: _____

Processing date: _____ CDC employee: _____