

Department of Education / Child Development Division Reading Program and Flashcards 300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 436-0128 / Email address: <u>FamilyAssistance@Chickasaw.net</u>

Reading Program Application for Services

Services are available to Chickasaw children ages 5 and under who meet applicable requirements and submit a completed, signed application and <u>all required documentation</u>.

Child Information:

Name:					
First	Middle		Last	Suffix	
Preferred Name:					
Mailing address:					
Street	City	State	County	ZIP	
Physical address:	City	State	County	ZIP	
				ZIP	
Home phone no.: ()	Cell	phone no.: ()			
Email address:					
Gender: Male Female Birth date:			SSN:		
Parent/Legal Guardian Informat	ion:				
	<u> </u>				
Primary Contact:					
Name:	Middle		Last	Suffix	
Birth date:	Polatic	nshin: 🗆 Mothor		ian	
Emergency Contact: Yes N	lo Authorized for p	ick up: □ Yes □ N	10		
Mailing address:	City	Ctata	Country	710	
		State	County	ZIP	
Physical address:	City	State	County	ZIP	
Home phone no.: ()	Cell phone no	.: ()	_ Work phone no.: ()	
				_/	
Email address:					
	P	age 1 of 2	Form no. 10929 FDI	J-CD Rev. 4/20	

Secondary Contact:							
Name:	Middle		Last	Suffix			
Birth date:		o: □ Mother [∃ Father □ Legal guar				
Emergency Contact: Yes No	Authorized for pick up	o:□Yes □N	0				
Mailing address:	City						
Street	City	State	County	ZIP			
Physical address:	City	State	County	ZIP			
Home phone no.: ()	Cell phone no.: ()	_ Work phone no.: (_)			
Email address:							
Service(s) Requested: (Check all that apply) Chickasaw language flashcards Chickasaw reading program (Requires that the child is 5 years of age and under) Talking is Teaching curriculum kit (Requires verification of no head start program and/or the child is not enrolled in a public school program) Supporting Information: Copy of child's birth certificate or Certificate of Degree of Indian Blood (CDIB) I f requesting a curriculum kit, verification that there is not a Head Start program within child's residential area I certify that the information I have submitted is true to the best of my knowledge and realize it is subject to verification; 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/legal guardian signature		-	Date				
Contact Information: Phone no.: (580) 421-7711 Email address: FamilyAssistance@C The Chickasaw Nation Child Development Division any amendments thereto. The parties agree that the disclosed to third persons, except upon written cons	and the applicant agree to stric e information contained in said	application shall be	considered "Confidential Informati				