



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 all required documentation.

Child Information:

Name: _____
First Middle Last Suffix

Preferred Name: _____

Mailing address: _____
Street City State County ZIP

Physical address: _____
Street City State County ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

Gender: Male Female Birth date: _____ SSN: _____

Parent/Legal Guardian Information:

Primary Contact:

Name: _____
First Middle Last Suffix

Birth date: _____ Relationship: Mother Father Legal guardian

Emergency Contact: Yes No Authorized for pick up: Yes No

Mailing address: _____
Street City State County ZIP

Physical address: _____
Street City State County ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____ Work phone no.: (____) _____

Email address: _____

