

Persons in Household

Name	Relationship to child	Age

Additional Information

Are there any hardship conditions in your family at this time? Yes No

If yes, please describe:

Does your child have a documented disability or special need (speech, IEP, IFSP, etc.)? Yes No

If yes, please attach supporting documentation.

Please address in detail any educational, medical, social or emotional concerns you have for your child.

Does your child require transportation to/from school? Yes No

Has any member of your immediate family been a Chickasaw Nation Head Start or Early Childhood Program participant? Yes No

I certify that the information that I have submitted is true to the best of my knowledge and realize it is subject to verification, and 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/guardian signature

Date

ERSEA manager

Date

Office Use Only

- | | |
|--|--|
| <input type="checkbox"/> Federally recognized tribal documentation | <input type="checkbox"/> Eligible for enrollment |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Added to waiting list |
| <input type="checkbox"/> Immunization record | |
| <input type="checkbox"/> Insurance/Sooner Care | |