



Department of Community Services / Youth Services

Youth Activities

231 Seabrook Road / Ada, OK 74820 / (580) 272-5716 / Fax: (580) 436-7288

Homeschool Fit Force Registration

Return application to:
231 Seabrook Road, Ada, OK 74820
Phone no.: (580) 272-5716
Fax: (580) 436-7288

Parent/legal guardian information: (Birth date is required for security purposes.)

Parent/Legal Guardian Information:

Primary contact: Individual with whom the child lives

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Gender: Male Female Authorized for pickup? Yes No

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

Email address: _____

Relationship: _____ Chickasaw Nation employee: Yes No Employee ID no.: _____

Department: _____ Division: _____ Employer name: _____

Secondary contact:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Gender: Male Female Authorized for pickup? Yes No

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

Email address: _____

Relationship: _____ Chickasaw Nation employee: Yes No Employee ID no.: _____

Department: _____ Division: _____ Employer name: _____

Emergency Contact Information:

Name: _____
First Middle Last Suffix

Relationship: _____ Phone no.: (____) _____

Email address: _____

Individuals Authorized for Pick Up: (Please list any individuals who are authorized for pick up other than parent/legal guardian.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Homeschool Fit Force Registration

Return application to:
231 Seabrook Road, Ada, OK 74820
Phone no.: (580) 272-5716
Fax: (580) 436-7288

Child's Information: (All information must be completed to be considered.)

Child no. 1:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: _____ Gender: Male Female

Email address: _____

Does child have special needs? Yes No

Please explain: _____

Tribal affiliation: Chickasaw Pomiksa Chikasha member (card no. _____)
 Child of Chickasaw Nation employee

Homeschool affiliation: _____

Grade: 1st 2nd 3rd 4th 5th 6th

Please list 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 (e.g., Tylenol, Motrin, Pepto-Bismol): _____

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

Child no. 2:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: _____ Gender: Male Female

Email address: _____

Does child have special needs? Yes No

Please explain: _____

Tribal affiliation: Chickasaw Pomiksa Chikasha member (card no. _____)
 Child of Chickasaw Nation employee

Homeschool affiliation: _____

Grade: 1st 2nd 3rd 4th 5th 6th

Please list 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 (e.g., Tylenol, Motrin, Pepto-Bismol): _____

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

Child no. 3:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: _____ Gender: Male Female

Email address: _____

Does child have special needs? Yes No

Please explain: _____

Tribal affiliation: Chickasaw Pomiksa Chikasha member (card no. _____)
 Child of Chickasaw Nation employee

Homeschool affiliation: _____

Grade: 1st 2nd 3rd 4th 5th 6th

Please list 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 (e.g., Tylenol, Motrin, Pepto-Bismol): _____

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

Child no. 4:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: _____ Gender: Male Female

Email address: _____

Does child have special needs? Yes No

Please explain: _____

Tribal affiliation: Chickasaw Pomiksa Chikasha member (card no. _____)
 Child of Chickasaw Nation employee

Homeschool affiliation: _____

Grade: 1st 2nd 3rd 4th 5th 6th

Please list 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 (e.g., Tylenol, Motrin, Pepto-Bismol): _____

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

Child no. 5:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: _____ Gender: Male Female

Email address: _____

Does child have special needs? Yes No

Please explain: _____

Tribal affiliation: Chickasaw Pomiksa Chikasha member (card no. _____)
 Child of Chickasaw Nation employee

Homeschool affiliation: _____

Grade: 1st 2nd 3rd 4th 5th 6th

Please list 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 (e.g., Tylenol, Motrin, Pepto-Bismol): _____

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

Child no. 6:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: _____ Gender: Male Female

Email address: _____

Does child have special needs? Yes No

Please explain: _____

Tribal affiliation: Chickasaw Pomiksa Chikasha member (card no. _____)
 Child of Chickasaw Nation employee

Homeschool affiliation: _____

Grade: 1st 2nd 3rd 4th 5th 6th

Please list 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 (e.g., Tylenol, Motrin, Pepto-Bismol): _____

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

Child no. 7:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Birth date: _____ Age: _____ Gender: Male Female

Email address: _____

Does child have special needs? Yes No

Please explain: _____

Tribal affiliation: Chickasaw Pomiksa Chikasha member (card no. _____)
 Child of Chickasaw Nation employee

Homeschool affiliation: _____

Grade: 1st 2nd 3rd 4th 5th 6th

Please list 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 (e.g., Tylenol, Motrin, Pepto-Bismol): _____

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