the Chickasaw		I	Bill Anoatubby Governor
Youth Activities	ity Services / Youth Services		
231 Seabrook Road / Ada, OK 74820 / (5	;80) 272-5716 / Fax: (580) 436-7288		
	meschool Fit Force Regist Return application to: 231 Seabrook Road, Ada, OK 74820 Phone no.: (580) 272-5716 Fax: (580) 436-7288		
,	guardian information: (Birth date is required for s	ecurity 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:			
		State	
Birth date:			
Home phone no.: ()	,	Work phone no.: ()	
Email address:			
Relationship:	_ Chickasaw Nation employee: □ Ye	s No Employee ID no.:	
Department:	_ Division:	Employer name:	
Secondary contact:			
Name:	Middle	Last	Suffix
Mailing address:		Lasi	Sullix
Street	City	State	ZIP
Physical address:	City	Chata	ZIP
Street		State	
Birth date:		Authorized for pickup?	
Home phone no.: ()	_ Cell phone no.: ()	Work phone no.: ()	
Email address:			
Relationship:			
Department:	_ Division:	Employer name:	
Emergency Contact Information:			
Name: First	Middle	Last	Suffix
Relationship:	Phone no.: ()		
Email address:			
Individuals Authorized for Pick Up: (P			an.)
Name:			
Name:			
Name:			
	Page 1 of 5	Form no. 04800	

Child's Information: (All information must be condition on the condition on the condition on the condition of the conditic	Middle City City City Gender: □ Male I No Chikasha member (card i on employee h □ 6 th Ily taking (dosage and sch is that you give us permis	State State I Female no) nedule): sion to give to your child (e.g., Tyle	enol, Motrin, Pepto-
First Preferred name: Mailing address: Street Physical address: Street Birth date:	Middle City City Gender: □ Male I No Chikasha member (card non employee n □ 6 th Ely taking (dosage and schoor schoo	State State Temale No) State	ZIP ZIP
Preferred name:	City City Gender: □ Male I No Chikasha member (card non employee Chikasha member (card non employee	State State Temale No) State	ZIP ZIP
Mailing address: Street Physical address: Street Birth date: Age: Email address: Does child have special needs? Does child have special needs? Yes Please explain: Pomiksa Child of Chickasaw Pomiksa Child of Chickasaw Nati Homeschool affiliation: Homeschool affiliation: Child of Chickasaw Nati Please list medications your child is current Please list any over-the-counter medication Bismol): Please list any food allergies your child has Child no. 2: Name: First Preferred name: Mailing address: Street Street	City City Gender: Male I No Chikasha member (card i on employee h	State State I Female no) nedule): sion to give to your child (e.g., Tyle	ZIP enol, Motrin, Pepto-
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Street Birth date: Age: Email address:	City Gender: □ Male I No Chikasha member (card non employee h □ 6 th Ily taking (dosage and sch	Female no) nedule): sion to give to your child (e.g., Tyle	enol, Motrin, Pepto-
Birth date: Age: Email address: Does child have special needs? □ Yes □ Please explain: Tribal affiliation: □ Chickasaw □ Pomiksa □ Child of Chickasaw Nati Homeschool affiliation: Grade: □ 1 st □ 2 nd □ 3 rd □ 4 th □ 5 th Please list medications your child is current Please list any over-the-counter medication Bismol): Please list any food allergies your child has Child no. 2: Name: First Preferred name: Mailing address: Street	Gender: ☐ Male I No Chikasha member (card i on employee □ 6 th Ily taking (dosage and sch is that you give us permis	Female no) nedule): sion to give to your child (e.g., Tyle	enol, Motrin, Pepto-
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Please explain:	Chikasha member (card on employee h	no) nedule): sion to give to your child (e.g., Tyle	enol, Motrin, Pepto-
□ Child of Chickasaw Nati Homeschool affiliation: Grade: □ 1 st □ 2 nd □ 3 rd □ 4 th □ 5 th Please list medications your child is current Please list any over-the-counter medication Bismol): Please list any food allergies your child has Child no. 2: Name: First Preferred name: Mailing address: Street	on employee	nedule): sion to give to your child (e.g., Tyle	enol, Motrin, Pepto-
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Please list any over-the-counter medication Bismol): Please list any food allergies your child has Child no. 2: Name: First Preferred name: Mailing address: Street	is that you give us permis	sion to give to your child (e.g., Tyle	enol, Motrin, Pepto
Bismol): Please list any food allergies your child has Child no. 2: Name: First Preferred name: Mailing address: Street			-
Please list any food allergies your child has Child no. 2: Name: First Preferred name: Mailing address: Street	that staff/employees nee	d to be aware of:	
Child no. 2: Name: First Preferred name: Mailing address: Street			
Name: First Preferred name: Mailing address: Street			
First Preferred name: Mailing address: Street			
Preferred name: Mailing address: Street			
Mailing address:	Middle	Last	Suffix
Street			
Dhysical address:	City	State	ZIP
Street	City	State	ZIP
Birth date: Age:	Gender: Male	□ Female	
Email address:			
Does child have special needs? Yes Please explain:			
Tribal affiliation: Chickasaw Pomiksa Child of Chickasaw Nati		no)	
Homeschool affiliation:			
Grade: \Box 1 st \Box 2 nd \Box 3 rd \Box 4 th \Box 5 th			
Please list medications your child is current	ly taking (dosage and sch	nedule):	
Please list any over-the-counter medication Bismol):		sion to give to your child (e.g., Tyle	enol, Motrin, Pepto
Please list any food allergies your child has	that staff/employees nee	d to be aware of:	

<u>Child no. 3</u> :			
Name: First	NA: atalia	Last	0
	Middle	Last	Suffix
Preferred name:			
Mailing address:	City	State	ZIP
	City	Siale	۲F
Physical address: Street	City	State	ZIP
Birth date: Age:	Gender: Male	Female	
Email address:			
Does child have special needs? □ Yes Please explain:	🗆 No		
Tribal affiliation: Chickasaw Pomiksa Child of Chickasaw Na	a Chikasha member (card n	0)	
Homeschool affiliation:			
Grade: $\Box 1^{\text{st}} \Box 2^{\text{nd}} \Box 3^{\text{rd}} \Box 4^{\text{th}} \Box 5^{\text{st}}$			
		dulo):	
Please list medications your child is curren	itty taking (dosage and sche	edule).	
Please list any over-the-counter medication		ion to give to your child (e	e.g., Tylenol, Motrin, Pepto-
Please list any food allergies your child ha	as that staff/employees need	to be aware of:	
Child no. 4:			
Name:	Middle	Last	Cuttiv
		Last	Suffix
Preferred name:			
Mailing address:	City	State	ZIP
Dhusiaal address:	2	Oldio	211
Street	City	State	ZIP
Birth date: Age:	Gender: Male	Female	
Email address:			
Does child have special needs? □ Yes Please explain:	🗆 No		
Tribal affiliation: Chickasaw Pomiksa Child of Chickasaw Na		0)	
Homeschool affiliation:			
Grade: $\Box 1^{\text{st}} \Box 2^{\text{nd}} \Box 3^{\text{rd}} \Box 4^{\text{th}} \Box 5^{\text{rd}}$	5 th □ 6 th		
Please list medications your child is curren		dulo):	
Flease list medications your child is curren	itty taking (ubsage and sche	edule).	
Please list any over-the-counter medication		ion to give to your child (e	e.g., Tylenol, Motrin, Pepto-
Please list any food allergies your child ha		to be aware of:	
	Page 3 of 5	F	orm no. 04800 CS-YS 1/2023

<u>Child no. 5</u> :			
Name:	N di statta	Leet	Cuttin
	Middle	Last	Suffix
Preferred name:			
Mailing address:	City	State	ZIP
Physical address:	,	Olalo	
Street	City	State	ZIP
Birth date: Age:	Gender: 🗆 Male 🛛 Fema	ale	
Email address:			
Does child have special needs? □ Yes □ Please explain:	No		
Tribal affiliation: □ Chickasaw □ Pomiksa □ Child of Chickasaw Natio	Chikasha member (card no		
Homeschool affiliation:			
Grade: $\Box 1^{\text{st}} \Box 2^{\text{nd}} \Box 3^{\text{rd}} \Box 4^{\text{th}} \Box 5^{\text{th}}$			
Please list medications your child is current			
Flease list medications your child is current	ly taking (dosage and schedule).		
Please list any over-the-counter medication Bismol):			-
Please list any food allergies your child has	that staff/employees need to be av	vare of:	
Child no. 6:			
Name:			
First	Middle	Last	Suffix
Preferred name:			
Mailing address:	0.1	01-1-	710
Street	City	State	ZIP
Physical address:	City	State	ZIP
Birth date: Age:	•	ale	
Email address:			
Does child have special needs? □ Yes □ Please explain:	No		
Tribal affiliation: Chickasaw Pomiksa			
Child of Chickasaw Natio)	
Homeschool affiliation:			
$Grade: \Box 1^{st} \Box 2^{nd} \Box 3^{rd} \Box 4^{th} \Box 5^{th}$			
Please list medications your child is current			
	y taking (dosage and schedule)		
Please list any over-the-counter medication Bismol):			
Please list any food allergies your child has	that staff/employees need to be av	vare of:	
N			

<u>Child no. 7</u> :			
Name:	Middle	Last	0
First		Last	Suffix
Preferred name:			
Mailing address:	0.14	01-1-	
	City	State	ZIP
Physical address:	City	State	ZIP
Birth date: Age:			211
Email address:			
Does child have special needs? Yes Please explain:			
Tribal affiliation: □ Chickasaw □ Pomi □ Child of Chickasaw)	
Homeschool affiliation:			
Grade: \Box 1 st \Box 2 nd \Box 3 rd \Box 4 th [
Please list medications your child is cur	renity taking (dosage and schedule)		
Please list any over-the-counter medica Bismol):		ve to your child (e.g., Tyle	nol, Motrin, Pepto-
Please list any food allergies your child	has that staff/employees need to be a	ware of:	