



## Chickasaw Youth Club Application for After-School Enrollment

**Applicant information:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  Male  Female

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Location:  Ardmore  Sulphur  Tishomingo

Grade (grade entering in the fall):  Pre-K  Kindergarten  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  
 7<sup>th</sup>  8<sup>th</sup>

Tribal affiliation:  Chickasaw  Choctaw  Cherokee  Muscogee (Creek)  Seminole  
 Pomiksa Chikasha member  Other First American (tribe: \_\_\_\_\_)  
 Non-First American employee child

Will your child need transportation from school to the Chickasaw Youth Club?  Yes  No

Is this child a foster child?  Yes  No

Does this child have any special needs?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list all medications your child is currently taking (dosage and schedule): \_\_\_\_\_

Please list any allergies your child has that employees need to be aware of: \_\_\_\_\_

Chickasaw Youth Club program options: (You must select at least one program.)

After-school  Fall break  Thanksgiving break  Christmas break  Spring break

**Sibling information:**

Use the following section to list all siblings in the household. Use the applicant information section for each child you are applying. Listing a sibling below does not count as an application.

Sibling name: (Please list first, middle, last, suffix.)

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

**Parent/legal guardian information:**

**Primary contact:** (individual with whom the child lives)

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Work phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Chickasaw Nation employee?  Yes  No Employee ID no.: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**Secondary contact:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Work phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Chickasaw Nation employee?  Yes  No Employee ID no.: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**Supporting information:**

1. Copy of tribal citizenship card(s)