

Comanche Nation

Child Care Center

Application

Child and Parent/Guardian Information

Parent(s) Name(s)	Child's Name	Age	Birthday	Gender
Address		Tribal Affiliation	Enrollment # (if applicable)	
	Home ph#	Work ph #	Emergency #	
Directions To Your Home(In case of emergency)				

Emergency Contacts-List three (3)

Name	Relationship	Phone #
 	 	()
Address	 	
Name	Relationship	Phone #
 	 	()
Address	 	
Name	Relationship	Phone #
 	 	()
Address	 	

Emergency Medical Information

Family Physician's Name	Address	Phone #

Employment/School Information

Employer	Employer/ School Name and Address
Employer's Phone#	
Hourly Rate	

Employment/School Information

Employer	Employer/ School Name and Address
Employer's Phone#	
Hourly Rate	

Family Household Members

Name of Family Members	Relationship to Child	DOB	M/F	Employer

****Every member of the household that has an income will have to provide a pay stub or statement showing the total amount of household income. This information must be provided in order for your application to be complete.****

1ST Parent Information

Current Work/School Schedule

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

Last Four(4) Pay Amount and Dates

Gross Pay				
Date				

2nd Parent Information

Current Work/School Schedule

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

Last Four(4) Pay Amount and Dates

Gross Pay				
Date				

Will you be receiving financial assistance from any Tribal or State program?

Yes No

If yes, please list program name. _____

Office Use Only

Date Received	SS#	Immunization	Income Verification	CDIB	Application Completed