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Childcare Application

Office Use Only		
Date Received:	Status:	Child's start date:

Child Information		
Child's Full Name:	Nickname:	
Date of Birth:	Current Age:	Gender:
Tribal Affiliation (if applicable):		
Does your child have any Special Needs:		
Does your child have a IEP or IFSP (will need to submit copy):		
Food Allergies (must have physician's statement of food allergies)		
Does your child have any health problems, conditions, or allergies:		

***Copies of the following documents are needed for child

current shot record	Food Allergy Documentation from Physician
Social Security card	Other Allergy Documentation
Parent Income Verification	Birth Certificate
CDIB (if applicable)	Medical Insurance card (if applicable)
Parent work/or school schedule	IEP or IFSP (if applicable)

Parent Information

Parent/ Guardian Name:	
1. _____	Relationship to child: _____
2. _____	Relationship to child: _____
Home Address:	
Home PH #	
First Parent Employer/School Name: _____	
Address:	
First Parent Contact Info: Work #: _____ Cell # _____	
Second Parent Employer/School Name: _____	
Address:	
Second Parent Contact Info: Work #: _____ Cell # _____	
Tribal Affiliation (if applicable)	
First Parent/ Guardian: _____ Second Parent/ Guardian: _____	

Family Household Members

Name	Relationship to child	Date of Birth

Emergency Contacts information (other than parent/ guardian)

Name	Relationship to Child	Phone Number
1.		
2.		
3.		

*Medical Institution preference in case of medical emergency: _____

Parent/Guardian Signature: _____ Date: _____