



Comanche Nation

Early Childhood Development Centers

Nam̄ Turetuu ECDC | Comanche Nation Childcare Center | Onáa Kahni

FOR OFFICE USE ONLY

Application Received on: _____

Received by: _____

Nam̄ Turetuu Early Childhood Development Center

DHS Licensed and Tribally Operated

206 SW 8th St.

Lawton, OK 73501

Phone: (580) 699-8808 | **Fax:** (580) 699-8807

Email: lawtonecdc@comanchenation.com

Hours of Operation

Monday - Friday

7:00am to 5:30pm

Site Director: Angela Passi

Comanche Nation Childcare Center (Apache ECDC)

DHS Licensed and Tribally Operated

405 E Evans

Apache, OK 73006

Phone: (580) 588-3114 | **Fax:** (580) 588-3119

Email: apacheecdc@comanchenation.com

Hours of Operation

Monday - Friday

7:00am to 5:30pm

Site Director: Jennifer Kerr

Onáa Kahni

Tribally Operated

584 NW Bingo Rd.

Lawton, OK 73507

Phone: (580) 919-7457

Email: onaa.kahni@comanchenation.com

Hours of Operation

Monday - Friday

7:00am to 5:30pm

Site Director: DeAndrea "Robin" Hughes

Please select which Program you are applying for:

☐ Nam̄ Turetuu ECDC
Lawton, OK

☐ Onáa Kahni
Comanche Nation Headquarters

☐ Comanche Nation Childcare Center
Apache, OK

Nam̄ Turetuu ECDC:

- Accepts children ages 6 weeks to 10 years old
- Accepts Tribal Subsidy, DHS and Private Pay
- Open year-round
- School transportation for certain schools (*Please speak with Site Director*)

Apache ECDC:

- Accepts children ages 1yr - Preschool Age (call for info)
- Accepts Tribal Subsidy, DHS and Private Pay
- Open year-round

Onáa Kahni:

- Accepts children ages 6 weeks to Preschool Age (call for info) (*Please speak with Site Director*)
- Accepts Tribal Subsidy and Private Pay
- Open year-round

Our Programs require full-time (3 or more days per week) attendance.

Please select the days and specify the times in which childcare will be needed:

☐ Monday _____	☐ Tuesday _____	☐ Wednesday _____	☐ Thursday _____	☐ Friday _____
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The following documentation will be required after your child has been enrolled in to our program:

☐ Copy of Child's <u>Official</u> Birth Certificate	☐ <u>Color Copy</u> of Guardian(s) ID
☐ Child's Current Immunization Record	☐ (<i>If applicable</i>) Copy of Child and/or Guardian(s) Tribal Membership Card/Letter

Child Information

Child's Full Name:		Child's Preferred Name:	Primary language spoken at home:
Date of Birth:		Gender: Boy ☐ Girl ☐	
Tribal Affiliation: ☐ Yes ☐ No	If yes, list tribe:		Tribal ID No:

School Transportation

Nam̄ Turetuu/Apache ECDC only:

Will your child need school transportation? ☐ Yes ☐ No If so, what school? _____

A signed School Transportation Authorization and Agreement form will be required.

Special Needs

Does your child have an IEP or IFSP? ☐ Yes (please submit a copy) ☐ No

If your child has an IEP or IFSP, a meeting with the Parent/Guardian will be scheduled with the Center Director and the Teacher before the child can start in our Program.

Does your child have any special needs or a handicap condition? ☐ Yes ☐ No

If yes, please describe:

Children with a handicap condition will only be accepted if care accommodations can be met and maintained. A signed Physician's statement will be required, along with a *Child Medical Health Plan* form.

Medical History

Does your child have any medical problems?

☐ Yes ☐ No

Does your child take long-term medications?

☐ Yes ☐ No

If yes to either, please give details:

A signed Physician's statement will be required, along with a *Child Medical Health Plan* form. *Asthmas Plan* required for children with asthmas.

Does your child have any allergies (include all)?

☐ Yes ☐ No

Does your child have any special dietary requirements?

☐ Yes ☐ No

If yes to either, please give details:

A signed Physician's statement will be required, along with a *Child Medical Health Plan* form. A full list of food allergies must be on file.

Family Information

1. Parent/Guardian Name:

Relationship to Child:

Home Address:

Primary Contact Number:

Email:

Employer and/or School Name:

Contact Number:

(If applicable) Tribal Affiliation:

2. Parent/Guardian Name:

Relationship to Child:

Home Address:

Primary Contact Number:

Email:

Employer and/or School Name:

Contact Number:

(If applicable) Tribal Affiliation:

Child Living Situation

Who does the child primarily live with?

Is there a custody order in place?

☐ Yes ☐ No

Are there any contact restrictions we need to be aware of?

☐ Yes ☐ No

If yes, provide custody details:

If yes, provide restriction details:

If there is a custody order or restraining order in place, please provide a copy to the Center Director.

Other Household Members

Name	Relationship to Child

Emergency Contacts

An Emergency Contact form will be kept on file. Please keep emergency contacts up-to-date.

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

Childcare Services

Previous Childcare Facilities:	Contact Number:	Reason for exiting:
How will services be paid for:		
☐ Tribal Subsidy Specify which tribal subsidy:	☐ DHS	☐ Private Pay

In Case of Emergency

Preferred Medical Institution:	Physician Name:
Address:	Contact Number:

Parent/Guardian Agreement

I have completed all portions of the Program application. I understand that my application will not be accepted if it is incomplete.

Children are accepted into our Programs on space availability. We follow Oklahoma Department of Human Services regulations regarding *Staff to Child Ratios*. If we are at full-capacity, your child will be on the Program's *Waiting List* after a completed Program application has been received. Once a spot becomes available, the Site Director will begin contacting families on the *Waiting List*.

If we cannot contact you, or receive a call-back within (2) weeks of contact, we will move your application to the bottom of the *Waiting List*.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____