



Comanche Nation
Early Childhood Development Centers
Nʉmʉ Tʉretʉ ECDC | Comanche Nation Childcare Center | Onáa Kahni

Nʉmʉ Tʉretʉ Early Childhood Development Center

4 Star DHS Licensed & Tribally Operated Facility

206 SW 8th St.

Lawton, OK 73501

Phone: (580) 360.0519

Email: lawtonecdc@comanchenation.com

Hours of Operation:

Monday - Friday

7:00am to 5:30pm

Age of Acceptance:

6 weeks to 10 years old

Payment Accepted:

DHS, Tribal Subsidy, Private Pay

Site Director: Angela Passi

Comanche Nation Childcare Center

(Apache ECDC)

3 Star DHS Licensed & Tribally Operated Facility

405 E Evans

Apache, OK 73006

Phone: (405) 901.1258

Email: apacheecdc@comanchenation.com

Hours of Operation:

Monday - Friday

7:00am to 5:30pm

Age of Acceptance:

1 yr. - Preschool Age (call for more info)

Payment Accepted:

DHS, Tribal Subsidy, Private Pay

Site Director: Jennifer Kerr

Onáa Kahni Childcare Center

(Tribal Complex)

Tribally Operated Facility

584 NW Bingo Rd.

Lawton, OK 73507

Phone: (580) 360.0620

Email: onaa.kahni@comanchenation.com

Hours of Operation:

Monday - Friday

7:00am to 5:30pm

Age of Acceptance:

1 yr. - Preschool Age (call for more info)

Payment Accepted:

Tribal Subsidy, Private Pay

Site Director: DeAndrea "Robin" Hughes

Please select which Program you are applying for:

Nʉmʉ Tʉretʉ ECDC
📍 Lawton, OK

Onáa Kahni
📍 Comanche Nation Headquarters

Comanche Nation Childcare Center
📍 Apache, OK

Nʉmʉ Tʉretʉ 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:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

The following documentation will be required after your child has been enrolled in to our program:

<input type="checkbox"/> Copy of child's official birth certificate	<input type="checkbox"/> Color copy of guardian(s) DL or other form of ID
<input type="checkbox"/> Child's current immunization record	<input type="checkbox"/> (If applicable) Copy of tribal membership card/letter for child and guardian(s)

Have you reviewed the ECDC Family Handbook found on the website to ensure our Programs are a right fit for your family's needs and requirements? Yes No

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

Nʉmʉ Tʉretʉ ECDC only:

Will your child need school transportation? Yes No

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

FOR OFFICE USE ONLY

Application Received on: _____

Received by: _____

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 family will be scheduled with the Site Director and the classroom Teachers 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 Site 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:		
<input type="checkbox"/> Tribal Subsidy	<input type="checkbox"/> OKDHS	<input type="checkbox"/> Private Pay
Specify which tribal subsidy:		

In Case of Emergency

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

Parent/Guardian Agreement

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

Children are accepted into our program based on availability. We follow Oklahoma Department of Human Services (OKDHS) regulations regarding *Staff to Child Ratios*. If we are at full-capacity, your child will be placed on the program's *Waiting List* after a completed ECDC 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 two (2) weeks of contact, your child's application will be removed from the *Waiting List*.

Guardian Printed Name: _____

Guardian Signature: _____

Date: _____