



# Comanche Nation

## Early Childhood Development Centers

Numa Turettu ECDC | Comanche Nation Childcare Center | Onáa Kahni

### FOR OFFICE USE ONLY

Application Received on: \_\_\_\_\_

Received by: \_\_\_\_\_

#### Numa Turettu Early Childhood Development Center

*4 Star DHS Licensed & Tribally Operated Facility*

206 SW 8<sup>th</sup> St.  
Lawton, OK 73501

**Phone:** (580) 360.0519

**Email:** lawtonecdcc@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:** apacheecdcc@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:

☐ Numa Turettu ECDC  
Lawton, OK

☐ Onáa Kahni  
Comanche Nation Headquarters

☐ Comanche Nation Childcare Center  
Apache, OK

#### Numa Turettu 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 _____
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### 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"/> <u>Color copy</u> of guardian(s) DL or other form of ID                                  |
| <input type="checkbox"/> Child's current immunization record        | <input type="checkbox"/> ( <i>If applicable</i> ) 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 <input type="checkbox"/> Girl <input type="checkbox"/>	
Tribal Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list tribe:	Tribal ID No:

### School Transportation

<b>Numa Turettu-ECDC only:</b>	If so, what school:
Will your child need school transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>A signed School Transportation Authorization and Agreement form will be required.</i>	

### 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: \_\_\_\_\_