



**FOR OFFICE USE ONLY**

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

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

Entrance Date: \_\_\_\_\_

**Numu Turetuu Early Childhood Development Center**  
*DHS Licensed and Tribally Operated*  
 206 SW 8<sup>th</sup> St.  
 Lawton, OK 73501  
**Phone:** (580) 699-8808 | **Fax:** (580) 699-8807  
**Email:** lawtonecdc@comanchenation.com

**Hours of Operation**  
 Monday - Friday  
 7:00am to 6:00pm

**Site Director:** Desiree DeVine  
**Assistant Director | Family Services Manager:** Angela Knox

**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

**Comanche Nation Childcare Center**  
*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:** Don Tosee

**Please select which Program you are applying for:**

Numu Turetuu ECDC  
 Lawton, OK

Onáa Kahni  
 Comanche Nation Headquarters

Comanche Nation Childcare Center  
 Apache, OK

<p><b>Numu Turetuu and Apache ECDC:</b></p> <ul style="list-style-type: none"> <li>➤ Accepts children ages 6 weeks to 12 years old</li> <li>➤ Accepts Tribal Subsidy, DHS and Private Pay</li> <li>➤ Open all year round</li> <li>➤ School transportation for certain schools <i>(Please speak with Center Director)</i></li> </ul>	<p><b>Onáa Kahni:</b></p> <ul style="list-style-type: none"> <li>➤ Accepts children ages 6 weeks to Preschool Age (call or info) <i>(Please speak with Site Director)</i></li> <li>➤ <u>Accepts Tribal Subsidy and Private Pay</u></li> <li>➤ <u>Open all year round</u></li> </ul>
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**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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**Please submit the following documents upon enrollment:**

<input type="checkbox"/> Copy of Child's Birth Certificate	<input type="checkbox"/> Child's Current Immunization Record
<input type="checkbox"/> Copy of Child's Social Security Card	<input type="checkbox"/> <i>(If applicable)</i> Copy of Child's Tribal Membership Card
<input type="checkbox"/> <u>Color Copy</u> of ID for all Guardians and Authorized Pick-Up Persons	<input type="checkbox"/> <i>(If applicable)</i> <u>Color Copy</u> of Tribal Membership Card for all Guardians

Child Information		
Child's Full Name:	Child's Preferred Name:	Primary language spoken at home:
Date of Birth:	Gender at birth: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	
Tribal Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list tribe:	Tribal ID No:

School Transportation
<b>Numu Turetuu/Apache ECDC only:</b>
Will your child need school transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what school? _____
<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 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.

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:

<input type="checkbox"/> Tribal Subsidy	<input type="checkbox"/> DHS	<input type="checkbox"/> Private Pay
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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 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: \_\_\_\_\_