



ECDC Program Application

FOR OFFICE USE ONLY

Application Received on: _____

Received by: _____

Entrance Date: _____

Nuṁu 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
 6:30am to 6:00pm

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

Onáa Kahni
(Infant & Toddler Program only)
Tribally Operated
 584 NW Bingo Rd.
 Lawton, OK 73507
Phone: TBA
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: Susan Robin

Please select which Program you are applying for:

- Nuṁu Turetuu ECDC Onáa Kahni Comanche Nation Childcare Center

<p>Nuṁu Turetuu and Apache ECDC:</p> <ul style="list-style-type: none"> ➤ Accepts children ages 6 weeks to 12 years old ➤ Accepts Tribal Subsidy, DHS and Private Pay ➤ Open all year round ➤ School transportation for certain schools <i>(Please speak with Center Director)</i> 	<p>Onáa Kahni:</p> <ul style="list-style-type: none"> ➤ Accepts children ages 6 weeks to Preschool ➤ <u>Accepts Tribal Subsidy and Private Pay</u> ➤ <u>Open all year round</u>
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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
Nuṁu Turetuu/Apache ECDC only:
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
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: _____