

Lawton ECDC
1608 SW 9th Street
Lawton, OK 73501
Telephone: (580) 699-7211
Director Cell: (580) 919-0495
Hours of Operation:
M – F
7am to 5:30pm



Application must be turned in and complete before your child is placed on the waiting list.

*Ages 1-5years only

Childcare Application

Year-Round: Fall/Winter Break: Spring Break: Summer:

Please list days and times childcare will be needed: **(Hours of Operation: 7am to 5:30pm)**

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Child Information	
Child's Full Name:	Nickname:
Date of Birth:	Gender:
Tribal Affiliation: Yes No If so, what tribe:	Roll #
Does your child have any Special Needs? If so, please describe:	
Does your child have an IEP or IFSP? Yes No If so, please submit a copy.	
Please list any food allergies { Physician's statement required } :	
Please list any other health problems, conditions or allergies { Physician's statement required }:	

*****Copies of the following documents are required upon acceptance*****

Current Shot Record	Birth Certificate
Social Security Card	Medical Insurance Card (if applicable)
Child and Guardian Tribal ID (if applicable)	Guardian Photo ID
	Guardian Work and/or School Schedule
Provide copies of the following if they apply to your child:	
Food Allergy Documentation Signed by Your Child's Physician	IEP or IFSP
	Other Medical Documentation

(Please fill out back of page)

Guardian Information	
1. Guardian Name:	Relationship to Child:
Home Address:	
Primary Cell Phone:	Work:
Employer and/or School: Address:	
Tribal Affiliation (if applicable) :	
2. Guardian Name:	Relationship to Child:
Home Address:	
Primary Cell Phone:	Work:
Employer and/or School: Address:	
Tribal Affiliation (if applicable) :	

Family Household Members		
Full Name	Relationship to Child	Date of Birth
Emergency Contact Information – other than primary Guardian(s)		
Full Name	Relationship to Child	Date of Birth

- Medical Institution preferred in case of medical emergency: _____
- Previous Childcare Facilities: _____
- How will childcare services be paid for? _____
- There will be additional fees for field trips that are not included in your daily rate.

Guardian Printed Name: _____
Guardian Signature: _____ Date: _____