



Comanche Nation

Early Childhood Development Centers

Numu Turetuu ECDC | Comanche Nation Childcare Center | Onáa Kahni

FOR OFFICE USE ONLY

Application Received on: _____

Received by: _____

Entrance Date: _____

Numu 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

7:00am to 6:00pm

Site Director: Desiree DeVine

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

Numu Turetuu and Apache ECDC:

- Accepts children ages 6 weeks to 12 years old
- Accepts Tribal Subsidy, DHS and Private Pay
- Open year-round
- School transportation for certain schools (*Please speak with Site Director*)

Onáa Kahni:

- Accepts children ages 6 weeks to Preschool Age (call or 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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Please submit the following documents upon enrollment:

<input type="checkbox"/> Copy of Child's Official 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: 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

Numu Turetuu/Apache ECDC only:

Will your child need school transportation? Yes No If so, what school? _____

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

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. *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 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: _____