CLINTON CHILD DEVELOPMENT CENTER
APPLICATION CHECK LIST

CHILD’S NAME _______________________________________________

PARENT’S NAME ______________________________________________

PHONE NUMBER ___________________ MESSAGE# ____________________

DATE RECEIVED

1. BIRTH CERTIFICATE ___________________
2. CDIB (if applicable) ___________________
3. IMMUNIZATION RECORD ___________________
4. C.C.D. CENTER APPLICATION ___________________
5. MEDICAL STATEMENT (IF ANY) ___________________
6. DAYCARE RECORD CARD (DHS-OCC 38) ___________________
7. CACFP APPLICATION ___________________
8. FINANCIAL POLICY AGREEMENT ___________________
9. RECEIPT OF PARENT HANDBOOK ___________________
10. PHOTO ID’S FOR ALL PERSON’S HAVING PERMISSION TO PICKUP A CHILD ___________________
CHEYENNE AND ARAPAHO CHILD DEVELOPMENT CENTER APPLICATION

CHILD'S INFORMATION
CHILD'S NAME___________________________________ AGE_________ DATE_________________
DATE OF BIRTH_________ SEX _______ TRIBAL ENROLLMENT (CDIB)___________________
PARENT(S) WITH WHOM CHILD LIVES: _______________________________________________
HOME ADDRESS: ___________________________________ HOME TELEPHONE:__________________

PARENT OR GUARDIAN INFORMATION
MOTHER’S PLACE OF EMPLOYMENT ___________________________ SS#_____________
BUSINESS TELEPHONE _____________ DAY# WHERE YOU CAN BE REACHED_______________
FATHER’S PLACE OF EMPLOYMENT ___________________________ SS#_____________
BUSINESS TELEPHONE _____________ DAY# WHERE YOU CAN BE REACHED_______________
PARENT’S MARITAL STATUS: MARRIED_____ SINGLE_____ DIVORCED_____ WIDOWED___
IF DIVORCED/SEPARATED, PLEASE INDICATE LEGAL GUARDIAN: _______________________
SIBLINGS: NAME ______________________ AGE _____ NAME__________________ AGE_____
NAME ______________________ AGE _____ NAME ____________________ AGE _____

ENROLLMENT INFORMATION
CHILD CARE TIME SCHEDULE: MON ____ TUE ____ WED ____ THUR ____ FRI ____
ARRIVAL TIME ___________ ___________ ___________ ___________ ___________
DEPARTURE TIME ___________ ___________ ___________ ___________ ___________
ATTENDS SCHOOL? IF SO WHERE: ___________________________________ GRADE ________
HAS YOUR CHILD BEEN ENROLLED IN A DAY CARE OR PRESCHOOL PROGRAM BEFORE?
IF SO WHERE? ______________________________________________________________________
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OF WHICH WE SHOULD BE AWARE?
(SPEECH, HEARING, EMOTIONAL CONCERNS, DIETARY RESTRICTIONS, ALLERGIES,
HANDICAPPING CONDITIONS, BREATHING TREATMENTS, ETC.,?) _______________________
__________________________________________________________________________________
__________________________________________________________________________________

CHILD CARE ASSISTANCE
WILL YOU REQUEST CHILD CARE ASSISTANCE FROM: TRIBES ___________ DHS __________
IS YOUR GROSS INCOME BELOW THE FOLLOWING? YES _______ NO ________
CHILDREN IN CARE: 2 GROSS MONTHLY INCOME: $3185.00
OFFICE USE ONLY: DATE REC’D_________________ PRIORITY __________ INITIALS ____________
FT ____ PT ____ FULL DAY ________ PART DAY ___________ PAYMENT RATE _____________
CHEYENNE AND ARAPAHO CHILD DEVELOPMENT CENTER
REQUIREMENTS FOR ENROLLMENT

PRIOR TO YOUR CHILD’S ATTENDANCE AT THE CONCHO CHILD DEVELOPMENT CENTER, IT IS NECESSARY THAT THE FOLLOWING FORMS BE COMPLETED:

**DAY CARE CHILD RECORD CARD/HEALTH RECORD**

THIS CARD IS PROVIDED TO COMPLY WITH HEALTH DEPARTMENT REGULATIONS.

YOU ARE REQUIRED TO BRING AN OFFICIAL COPY OF THE CHILD’S IMMUNIZATION RECORD TO VERIFY IMMUNIZATIONS. EMERGENCY INFORMATION INCLUDES THE CHILDS DOCTOR’S NAME AND TELEPHONE NUMBER; PLUS DESIGNATED PEOPLE TO CALL IN THE EVENT OF AN EMERGENCY.

**AUTHORIZATION FOR EMERGENCY CARE TO A MINOR**

THIS FORM IS PROVIDED IN THE EVENT THAT AN EMERGENCY OCCURS AND A PARENT CANNOT BE LOCATED. THE HOSPITAL WILL NOT TREAT AN INJURED CHILD (MINOR) WITHOUT A PARENT PRESENT OR THEIR WITNESSED WRITTEN PERMISSION.

**POLICY AGREEMENT AND RECEIPT OF PARENT HANDBOOK**

AFTER YOU HAVE READ THE PARENT HANDBOOK, RETURN THIS FORM TO VERIFY THAT YOU ARE AWARE OF POLICIES AND REGULATIONS AND AGREE TO ABIDE BY THEM. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE POLICIES, PLEASE VISIT WITH THE ADMINISTRATOR.

**ALL PARTICIPATING CHILDREN MUST BE ELIGIBLE WITHIN THE GUIDELINES OF THE CHILDCARE DEVELOPMENT FUND. APPLICATIONS MUST BE APPROVED THROUGH THE CHILDCARE PROGRAM OFFICE LOCATED IN THE CONCHO CHILD DEVELOPMENT CENTER, 450 N. LEFT HAND AVE., CONCHO, OK 73022.**

_______________________________________  __________________
PARENT/GUARDIAN SIGNATURE  DATE
Cheyenne and Arapaho Tribes  
Clinton Child Development Center  
Payment Agreement

☐  Weekly Payment Agreement

I, _____________________________, agree to pay the Clinton Child Development Center weekly payments for child care services. I understand payment must be made by money order or cashiers check or payroll deductions through the Tribal finance Department or Lucky Star/Feather Warrior Casinos. I understand failure to make weekly payments may result in termination of my child(ren)’s enrollment at the Concho Child Development Center.

☐  Bi-Weekly Payment Agreement

I, _____________________________, agree to pay the Clinton Child Development Center bi-weekly payments for child care services. I understand payment must be made by money order or cashiers check or payroll deductions through the Tribal finance Department or Lucky Star/Feather Warrior Casinos. I understand failure to make weekly payments may result in termination of my child(ren)’s enrollment at the Concho Child Development Center.

☐  Monthly Payment Agreement

I, _____________________________, agree to pay the Clinton Child Development Center bi-weekly payments for child care services. I understand payment must be made by money order or cashiers check or payroll deductions through the Tribal finance Department or Lucky Star/Feather Warrior Casinos. I understand failure to make weekly payments may result in termination of my child(ren)’s enrollment at the Concho Child Development Center.

__________________________________________  ____________________________  
Parent/Guardian Signature  Date

__________________________________________  ____________________________  
Center Manager Signature  Date
The Cheyenne-Arapaho Child Development Program uses photographs, videos, or illustrations of children for many purposes. Such photographs, videos, or other illustrating material may be used in newsletters, on the Tribe’s web page, Tribal newspaper, or in publications produced by the Cheyenne Arapaho Department of Education (DOE), in slide presentations and/or videos about the Program, in video productions aired on television produced by DOE, or in other similar forms of communication.

This form allows you as a parent or guardian to choose whether your child may be in a video, photograph, or other illustration used by the Cheyenne Arapaho Child Development Program.

CHECK ONE:

☐ I give permission to the Cheyenne Arapaho Child Development Program to make photographs, slides, illustrations or videos of my child.

☐ I do not give permission for my child to be included in presentations by the Cheyenne Arapaho Child Development Program.

________________________
Child’s Name

________________________
Parent/Guardian

________________________
Date
Dear Parents,

The Clinton Child Care Center is required to keep current immunization records on file for all children in care. Jennifer Riggles and Vanessa Hart have approved access to the OIIS Immunization Services Website. This allows for us to access immunizations records for all children in care. This service allows for us to ensure children’s immunizations are up to date. We also have the capabilities of printing off your child’s immunization records. We do not have access to medical records or other personal information.

☐ I give Concho/ Child Care permission to access my child’s immunization records through the OIIS portal

☐ I do not give Concho Child Care permission to access my child’s immunization records through the OIIS portal

______________________________  Child’s Name

______________________________  __________

Parent  Date