



**CLINTON CHILD DEVELOPMENT CENTER
APPLICATION CHECK LIST**

CHILD'S NAME _____

PARENT'S NAME _____

PHONE NUMBER _____ MESSAGE# _____

	<u>DATE RECEIVED</u>
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	_____
09. 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: **\$3285.00**

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

Cheyenne Arapaho Child Development Program Photographic/Videotaping Permission

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

OSIIS IMMUNICATION SERVICES WEBSITE

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 services 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