



**CONCHO CHILD DEVELOPMENT CENTER  
APPLICATION CHECK LIST**

CHILD'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ MESSAGE# \_\_\_\_\_

	<b><u>DATE RECEIVED</u></b>
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  
Concho Child Development Center  
Payment Agreement

**Weekly Payment Agreement**

I, \_\_\_\_\_, agree to pay the Concho 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 Concho 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 Concho 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 IMMUNIFICATION SERVICES WEBSITE

Dear Parents,

The Concho 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