

-----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 _____
FAMILY SIZE: 2 GROSS MONTHLY INCOME: \$1937

OFFICE USE ONLY: DATE REC'D _____ PRIORITY _____ INITIALS _____
FT ____ PT ____ FULL DAY _____ PART DAY _____ PAYMENT RATE _____

**C&A 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

**CONCHO CHILD DEVELOPMENT CENTER
APPLICATION CHECK LIST**

CHILD'S NAME _____

PARENT'S NAME _____

PHONE NUMBER _____MESSAGE#_____

{CIRCLED NUMBERS ARE INCLUDED IN APPLICATION PACKET}

<u>RECEIVED</u>	<u>DATE</u>
1. BIRTH CERTIFICATE	_____
2. C.D.I.B.	_____
3. IMMUNIZATION RECORD	_____
4. MONTHLY INCOME VERIFICATION	_____
5. EMPLOYMENT/SCHOOL VERIFICATION	_____
6. C.C.D. CENTER APPLICATION	_____
7. APPROVAL LETTER FROM CHILDCARE	_____
8. MEDICAL STATEMENT (IF ANY)	_____
9. DAYCARE RECORD CARD (DHS-OCC 38)	_____
10. FINANCIAL POLICY AGREEMENT	_____
11. RECEIPT OF PARENT HANDBOOK	_____
12. PHOTO ID'S FOR ALL PERSON'S HAVING PERMISSION TO PICKUP A CHILD	_____