

# Cherokee Nation Early Childhood Unit

## Child Application Form

P.O. Box 948 • Tahlequah, OK 74465  
(918) 458-4393 • 1-888-458-4393 • FAX (918) 458-5799

Date of Application \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child's SSN \_\_\_\_\_ Gender (Male or Female) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Message or Work Phone \_\_\_\_\_

**Please select one of the following service options:**

<b>Head Start</b> Center _____ (Tahlequah Children's Village, Big Cabin, Jay, Kenwood Emersion, Lowrey, Lost City, Maryetta Emersion, Okay I & II, Pryor, Sequoyah, Shady Grove, Tsuni-Sti, Wauhillau (Nowata), Webbers Falls, White Oak, Brushy, Inola, Salina, Sperry, Maryetta PS)  3 and 4 year old children (3 years old as of Sept. 1 <sup>st</sup> ) Monday – Friday – 7:30 – 2:30	<b>Early Head Start</b> Center _____ (Tahlequah Children's Village, Big Cabin, Cherry Tree, Lost City, Pryor, Wauhillau (Nowata), Maryetta)  Hours you and your child will participate in Early Head Start:  Mon _____ Thurs _____ Tues _____ Fri _____ Wed _____
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Are there other siblings in the household ages 0-4? Yes  or No  If so, has the other sibling(s) filled out an application? Yes  or No

Are the parents employed by Cherokee Nation? Yes  or No

Ethnic (circle one): W, B, H, A, N, P, M, O, U  
(White, Black, Hispanic, Asian, Native American, Multi-racial/Biracial, Other, Unspecified)

Language (circle one): E, S, A, N, M, C, I, W, P, L, O  
(English, Spanish, Asian, Native North American, Mexican, Caribbean, Indian, Western European, Pacific Island, African, Other)

Parent/Guardian's Social Security Number \_\_\_\_\_ Family Size \_\_\_\_\_

Has your child been diagnosed for special needs services? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide documentation.

**A copy of the following information must be attached before the application will be considered complete and screened:** Income Verification for Household; Child's Birth Certificate-State Certified; Immunization Record; Certificate Degree of Indian Blood (CDIB) card on child and/or parent; Child's Social Security Card.

**Acceptable forms of Income Verification:** Individual Income Tax, Form 1040; W-2 Forms; Pay Stubs; Pay Envelopes; Written Statements from Employers; or Documentation showing current status as recipients of public assistance.

I have verified the above income documentation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Receiving Staff \_\_\_\_\_ Date \_\_\_\_\_