

**CHILD DEVELOPMENT CENTER EAST**  
1601 S. GORDON COOPER DR., SHAWNEE, OK 74801  
PHONE 405-878-4861 FAX 405-395-9038



**CHILD DEVELOPMENT CENTER WEST**  
784 GRAND CASINO BLVD., SHAWNEE, OK 74804  
PHONE 405-695-5598 FAX 405-964-4984

## CHILD DEVELOPMENT CENTER APPLICATION

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Sex  Male  Female Date of Birth \_\_\_\_\_  
month day year

Name of persons whom the child lives \_\_\_\_\_  
\_\_\_\_\_

Your Relationship to the Child \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Mother/Guardian's place of Employment \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Father/Guardian's place of Employment \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

In case of emergency, if parent/guardian cannot be reached, list in order of preference person(s) to notify:

Name	Phone

### HEALTH RECORD

Child's physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does your child have any individual needs? If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMMUNIZATION RECORD

A child two months of age or older cannot be admitted to a child care facility unless the parent present certification from a licensed physician or authorized representative of any state or local Department of Health that such a child has received or will receive immunizations at the medically appropriate time. Record the dates of immunizations below or attach a copy of the immunization record or Certificate of Exemption.

Immunizations	Date	Date	Date	Date	Date
DTP/DtaP					
Polio					
HIB					
Hepatitis A					
Hepatitis B					
MMR					
Varicella (chicken pox)					
Other					

## TRANSPORTATION

- I do not give permission for my child to be transported.
- I give permission for my child, \_\_\_\_\_ to be transported by \_\_\_\_\_
- to the nearest medical facility, if medical emergency occurs and I cannot be reached.
  - on field trips
  - to and from school
  - other (please specify) \_\_\_\_\_

Persons having permission to pick up child:

Name	Phone

I understand this form is supplied by the Department of Human Services as a service and that supplying the form in no way imposes any responsibility or obligation upon the Department.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Date Child entered Facility \_\_\_\_\_

Date Child withdrawn \_\_\_\_\_

*"The ABC's of Quality Child Care: Parent handbook" is available through your child's child care provider.*

## CHILD INFORMATION

Child's Name \_\_\_\_\_

Is your child of Native American descent?  Yes  No If yes, list tribe \_\_\_\_\_

Please provide a copy of a parent of child's Certificate Degree of Indian Blood (CDIB) card.

Is your child enrolled in head start or early head start?  Yes  No

If yes, what is the name of the facility \_\_\_\_\_

Is transportation to our center provided?  Yes  No

Is your child attending a public school?  Yes  No Child's grade \_\_\_\_\_

If yes, what is the name of your child's school? \_\_\_\_\_

If no, please provide the following information about your child's development milestone:

*List approximate age these occurred*

Sat alone \_\_\_\_\_ Pulled up \_\_\_\_\_ Walked \_\_\_\_\_ Spoke one word \_\_\_\_\_

Spoke two words \_\_\_\_\_ Toilet trained \_\_\_\_\_

Please indicate any of the following that apply to your child:

Childhood illnesses \_\_\_\_\_

Accident/injuries \_\_\_\_\_

Indicate your child's current health:  Excellent  Good  Fair  Chronically ill

## SERVICE INFORMATION

Indicate the arrival and departure time for each day you need child care:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Every weekday \_\_\_\_\_

Are you receiving child care assistance from OK Dept. of Human Services (DHS)?  Yes  No

If yes, please submit a copy of your approval letter for child care and provide your case worker's name \_\_\_\_\_

Are you receiving child care expense assistance from a tribe other than CPN?  Yes  No

If yes, from what tribe? \_\_\_\_\_ Please provide an approval letter

## INDIVIDUAL AUTHORIZED TO PICK UP CHILD

Under no circumstances will a child be released to anyone not authorized herein by parent or guardian. Proper identification will be required.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

# ACKNOWLEDGEMENT

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I give permission for my child’s photograph to be taken and used in advertisements, and displays for Citizen Potawatomi Nation Child Development Center.  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read, understand, and agree to abide by the polices in the parent handbook and the statements listed through this application.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_