

GWYD DBF
CHEROKEE NATION®
Early Childhood Unit
Enrollment Application

P.O. Box 948 • Tahlequah, OK 74465
 (918) 453-5757 • 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 _____ Female _____

Address _____ City _____ State _____ Zip code _____

Home Phone _____ Cell _____ Message or Work Phone _____

Email address _____

Please select one of the following service options:

<p>Head Start Center _____ Tahlequah Children's Village, Kenwood, Lowrey, Shady Grove, Salina Early Learning Academy, Wauhillau (Nowata), Webbers Falls, Sequoyah Tahlequah Public School</p> <p>3 and 4 year old children (3 years old as of Sept. 1st) Monday – Friday – 8:00 – 2:30</p> <p>TCV, SELA Extended Hours Needed YES or NO</p>	<p>Early Head Start Center _____ Tahlequah Children's Village, Cherry Tree, Jay, Pryor, Redbird, Tahlequah Early Learning Academy, Salina Early Learning Academy, Wauhillau (Nowata)</p> <p>6 weeks – 3 years old. Monday – Friday – 8:00 – 2:30</p> <p>TCV, TELA, SELA, and Pryor - Extended Hours Needed YES or NO</p>
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Ethnic (circle one): White, Black, Hispanic, Asian, Native American, Multi-racial/Biracial, Pacific Islander, Other, Unspecified

Language (circle one): English, Spanish, Asian, Native North American, Mexican, Caribbean, Indic, 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.

Are there other siblings in the household ages 0-4? Yes or No
 Are the parents employed by Cherokee Nation? Yes or No

Does any of following apply? Please circle.

1. Foster Child (Provide Documentation)
2. Protective service referral (DHS/ICW)
3. Single Parent/Guardian
4. Family Crisis (Please explain)
5. Homeless (lack of fixed, regular, and adequate nighttime residence)
6. Siblings Currently Enrolled
7. Receiving Public Assistance (Provide Documentation)

A copy of the following information must be attached to the application to be considered complete for screening:

1. Income Verification for Household – Tax Return, W2, Pay Stub, Employer Statement, TANF or SSI Documentation
2. Child's Birth Certificate-State Certified
3. Immunization Record
4. Tribal Membership Card or (CDIB) card on child and/or parent
5. Child's Social Security Card. (Not required for screening)

Comments: _____

Parent/Guardian Signature _____ Date _____