



Gary Batton Chief
Jack Austin Jr. Asst. Chief

Waiting List Application
Child Care Development Center

*Center Location: _____

Child's Name _____

Date of birth or Due date: _____ Date of Application _____
Last First MI

Gender: Male Female Unknown Siblings' Names _____

Enrollment Options: Full Time Part Time Drop-in Initial the information below if Part-Time or Drop-in Option only

(Part Time and Drop-in I understand there is a possibility that my child could be bumped if a Full Time slot could be filled)(Drop-in must call ahead for placement/pay on day of service)

Address: _____

Home Phone # _____ Cell Phone# _____

Father's Name _____ For both Parent/Guardians

Father's Employer _____

Work # and ext. _____ Email address _____

Mother's Name: _____

Mother's Employer _____

Work #and ext. _____ Email address _____

Are you currently receiving Choctaw Nation Child Care Assistance?

Yes No

Does your child currently have a citizenship certificate, CDIB or tribal membership?

Yes No Tribe: _____

Does parent possess a citizenship card, CDIB or tribal membership? Yes No

If yes, will the child be eligible for tribal citizenship/membership? Yes No

Are you a Choctaw Nation employee? Yes No

If so, what division? _____

Is this child a foster child? Yes No

Is this child a CNDC sibling? Yes No

Does this child have any special needs? Yes No

If yes, please explain: _____

FOR OFFICE USE ONLY

Date application was received: _____ Date enrolled: _____

Processing date: _____ CNDC employee: _____

Tribal _____ CDIB _____ Employee _____ Foster _____ Sibling _____ CCA _____