



# Waiting List Application

## Child Care Development Center

Center Location: \_\_\_\_\_

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

Date of Birth or Due Date: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Gender:  Male  Female  Unknown

Siblings' Name: \_\_\_\_\_  
\_\_\_\_\_

Enrollment Options:  Full Time  Part Time  Drop-in

**Please initial below if Part Time or Drop-in**

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

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Second contact phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently receiving Choctaw Nation Child Care Assistance?  YES  NO

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

YES  NO Tribe: \_\_\_\_\_

Does parent possess a citizenship card, CDIB or tribal membership:

YES  NO Tribe: \_\_\_\_\_

Are you or your spouse a Choctaw Nation employee?

YES  NO If so, what division: \_\_\_\_\_

Is your child a foster child?  YES  NO

Is this child a CNDC sibling?  YES  NO

Does child have any special needs?  YES  NO

If yes, please explain: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date application received: \_\_\_\_\_ Date enrolled: \_\_\_\_\_

Processing date: \_\_\_\_\_ CNDC employee: \_\_\_\_\_

Tribal: \_\_\_\_\_ CDIB: \_\_\_\_\_ Employee: \_\_\_\_\_ Foster: \_\_\_\_\_ Sibling: \_\_\_\_\_ CCA: \_\_\_\_\_