Form no. 04800 CS-YS Rev. 8/2025



Department of Community Services / Youth Services Youth Activities

231 Seabrook Road / Ada, OK 74820 / (580) 272-5716 / Fax: (580) 436-7288

Homeschool Fit Force Application

Return application to:
231 Seabrook Road, Ada, OK 74820
Phone no.: (580) 272-5716
Fax: (580) 436-7288

Parent/legal guardian information: (Birth date is required for security purposes.)

Parent/legal guardian information:

Primary contact: Individual with whom the child lives

Name:First	Middle	Last	Suffix
Mailing address:			
Street	City	State	ZIP
Physical address:			
Street	City	State	ZIP
Birth date:	Gender: □ Male □ Fei	male Authorized for pickup? ☐ Yes I	⊐ No
Home phone no.: ()	Cell phone no.: ()	Work phone no.: ()	·
Email address:			
Relationship:	Chickasaw Nation emplo	yee: □ Yes □ No	
Secondary contact:			
Name:			
First	Middle	Last	Suffix
Mailing address: Street	City	State	ZIP
	•	State	211
Physical address: Street	City	State	ZIP
Birth date:	Gender: □ Male □ Fer	male Authorized for pickup? ☐ Yes [⊐ No
Home phone no.: ()	Cell phone no.: ()	Work phone no.: ())
Email address:			
Relationship:			
Emergency contact information:			
Name:			
First	Middle	Last	Suffix
Relationship:	Phone no.: ()		
Email address:			
Individuals authorized for pick up: (F	Please list any individuals who are aut	horized for pick up other than parent/legal guardia	ın.)
Name:	Relationship:		
Name:			
Name:			

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Homeschool Fit Force Application Return application to: 231 Seabrook Road, Ada, OK 74820 Phone no.: (580) 272-5716

Fax: (580) 436-7288

Homeschool students 6-13 years of age
Chickasaw citizens, children of Chickasaw Nation employees, Pomiksa' Chikasha members

First	Middle	Last	Suffix
Preferred name:			
Mailing address:			
Street	City	State	ZIP
Physical address: Street	City	State	ZIP
Birth date: Age: □ 6 □	· ·		
Email address:			
Does child have special needs? ☐ Yes [Please explain:			
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa ☐ Child of Chickasaw Nat)	
Homeschool affiliation:			
Please list all medications your child is cur		le):	
		, <u> </u>	
Please list any over-the-counter medicatio Bismol):	ons that you give us permission to	give to your child (e.g., Tylenol,	Motrin, Pepto
Please list any food allergies your child ha	s that employees need to be awar	re of:	
Child no. 2:			
Name:			
First	Middle	Last	Suffix
Preferred name:			
Mailing address:	City	State	ZIP
Physical address:	Oity	State	211
Street	City	State	ZIP
Birth date: Age: □ 6 □	□7 □8 □9 □10 □11	□ 12 □ 13 Gender: □ Male	☐ Female
Email address:			
Does child have special needs? ☐ Yes	□ No		
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa ☐ Child of Chickasaw Nat)	
Homeschool affiliation:			
Please list all medications your child is cur	rrently taking (dosage and schedu	le):	
Please list any over-the-counter medicatio Bismol):			
Please list any food allergies your child ha			

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Child no. 3:			
Name:	Middle	Last	Suffix
Preferred name:		2331	- Cumin
Mailing address:			
Street	City	State	ZIP
Physical address:Street			
	City	State	ZIP
Birth date: Age: □ 6		」12 □ 13 Gender: □ Male	⊔ Female
Email address:			
Does child have special needs? ☐ Yes Please explain:	□ No		
Tribal affiliation: ☐ Chickasaw ☐ Pomiks ☐ Child of Chickasaw N	,)	
Homeschool affiliation:			
Please list all medications your child is co			
Please list any over-the-counter medicati	ons that you give us permission to g	give to your child (e.g., Tylenol, N	/lotrin, Pepto-
Please list any food allergies your child h	as that employees need to be aware	e of:	
Child no. 4:			
Name:	Middle	Last	Suffix
Preferred name:		Last	Sullix
Mailing address:Street	City	State	ZIP
Physical address:			
Street	City	State	ZIP
Birth date: Age: □ 6	□7 □8 □9 □10 □11 □	☐ 12 ☐ 13 Gender: ☐ Male	☐ Female
Email address:			
Does child have special needs? ☐ Yes Please explain:	□ No		
Tribal affiliation: ☐ Chickasaw ☐ Pomiks ☐ Child of Chickasaw N)	
Homeschool affiliation:			
Please list all medications your child is co	urrently taking (dosage and schedule	e):	
Please list any over-the-counter medicati Bismol):		give to your child (e.g., Tylenol, N	Motrin, Pepto-
Please list any food allergies your child h		e of:	
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Child no. 5:			
Name:	Middle	Last	Suffix
Preferred name:			
Mailing address:			
Street	City	State	ZIP
Physical address:			
Street	City	State	ZIP
Birth date: Age: □ 6 □	7 🗆 8 🗆 9 🗆 10 🗆 11	☐ 12 ☐ 13 Gender: ☐ Male	☐ Female
Email address:			
Does child have special needs? ☐ Yes ☐ Please explain:			
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa ☐ Child of Chickasaw Nati)	
Homeschool affiliation:			
Please list all medications your child is curr	ently taking (dosage and schedu	ıle):	
Please list any over-the-counter medication Bismol):		give to your child (e.g., Tylenol, N	Motrin, Pepto-
Please list any food allergies your child has		re of:	
Child no. 6:			
Name:	Middle	Last	Suffix
Preferred name:			Canix
Mailing address:			
Street	City	State	ZIP
Physical address:	ŕ		
Street	City	State	ZIP
Birth date: Age: □ 6 □	7	□ 12 □ 13 Gender: □ Male	□ Female
Email address:			
Does child have special needs? ☐ Yes ☐ Please explain:	l No		
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa ☐ Child of Chickasaw Nati)	
Homeschool affiliation:			
Please list all medications your child is curr			
Please list any over-the-counter medication Bismol):	, ,	give to your child (e.g., Tylenol, I	Motrin, Pepto-
Please list any food allergies your child has		re of:	
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Child no. 7: Name:			
First	Middle	Last	Suffix
Preferred name:			
Mailing address:			
Street	City	State	ZIP
Physical address: Street	City	01-1-	ZIP
		State	
Birth date: Age: □ 6		☐ 12 ☐ 13 Gender: ☐ Male	⊔ Female
Email address:			<u> </u>
Does child have special needs? ☐ Yes Please explain:			
Tribal affiliation: ☐ Chickasaw ☐ Pomiks ☐ Child of Chickasaw Na)	
Homeschool affiliation:			
Please list all medications your child is cu			
Please list any over-the-counter medication Bismol):		give to your child (e.g., Tylenol, N	Motrin, Pepto-
Please list any food allergies your child ha		are of:	
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