



**Chickasaw Youth Club
Application for After-School Enrollment**

Applicant information:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Preferred name: _____ Birth date: _____ Gender: Male Female

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

Location: Ardmore Sulphur Tishomingo

Grade (grade entering in the fall): Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th
 7th 8th

Tribal affiliation: Chickasaw Choctaw Cherokee Muscogee (Creek) Seminole
 Pomiksa Chickasha member Other First American (tribe: _____)
 Chickasaw Employee Child Non-First American employee child

Will your child need transportation from school to the Chickasaw Youth Club? Yes No

Is this child a foster child? Yes No

Does this child have any special needs? Yes No

If yes, please explain: _____

Please list all medications your child is currently taking (dosage and schedule): _____

Please list any allergies your child has that employees need to be aware of: _____

Chickasaw Youth Club program options: (you must select at least one program)
 After-school Fall break Thanksgiving break Christmas break Spring break

Sibling information:

Use the following section to list all siblings in the household. Use the applicant information section for each child you are applying. Listing a sibling below does not count as an application.

Sibling name: (please list first, middle, last, suffix)

- 1) _____ 4) _____
- 2) _____ 5) _____
- 3) _____ 6) _____

Parent/legal guardian information:

Primary contact: (individual with whom the child lives)

Name: _____
First Middle Last Suffix

Birth date: _____ Relationship: _____

Emergency contact: Yes No Authorized for pick up: Yes No

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____ Work phone no.: (____) _____

Email address: _____

Chickasaw Nation employee? Yes No Employee ID no.: _____

Department: _____ Division: _____

Secondary contact:

Name: _____
First Middle Last Suffix

Birth date: _____ Relationship: _____

Emergency contact: Yes No Authorized for pick up: Yes No

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____ Work phone no.: (____) _____

Email address: _____

Chickasaw Nation employee? Yes No Employee ID no.: _____

Department: _____ Division: _____

Supporting information:

1. Copy of tribal citizenship card(s)