the Chickasaw Nation

Chris Anoatubby
Governor

Department of Education / Child Development Division
Reading Program and Flashcards
300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 436-0128 / Email address: FamilyAssistance@Chickasaw.net

Reading Program Application for Services

Services are available to Chickasaw children ages 5 and under who meet applicable requirements and submit a completed, signed application and all required documentation.

Child Information:

Name: _____
First Middle Last Suffix

Preferred Name: _____

Mailing address: _____
Street City State County ZIP

Physical address: _____
Street City State County ZIP

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

Email address: _____

Gender: ☐ Male ☐ Female Birth date: _____ SSN: _____

Parent/Legal Guardian Information:

Primary Contact:

Name: _____
First Middle Last Suffix

Birth date: _____ Relationship: ☐ Mother ☐ Father ☐ Legal guardian

Emergency Contact: ☐ Yes ☐ No Authorized for pick up: ☐ Yes ☐ No

Mailing address: _____
Street City State County ZIP

Physical address: _____
Street City State County ZIP

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

Email address: _____

Form no. 10929 EDU-CD Rev. 4/2023

Secondary Contact:

Name: _____
First Middle Last Suffix

Birth date: _____ Relationship: ☐ Mother ☐ Father ☐ Legal guardian

Emergency Contact: ☐ Yes ☐ No Authorized for pick up: ☐ Yes ☐ No

Mailing address: _____
Street City State County ZIP

Physical address: _____
Street City State County ZIP

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

Email address: _____

Service(s) Requested: (Check all that apply)

☐ Chickasaw language flashcards
☐ Chickasaw reading program
(Requires that the child is 5 years of age and under)
☐ Talking is Teaching curriculum kit
(Requires verification of no head start program and/or the child is not enrolled in a public school program)

Supporting Information:

☐ Copy of child's birth certificate or Certificate of Degree of Indian Blood (CDIB)
☐ If requesting a curriculum kit, verification that there is not a Head Start program within child's residential area

I certify that the information I have submitted is true to the best of my knowledge and realize it is subject to verification; that falsification is grounds for immediate termination and may subject me to prosecution under law. I allow the release of information for verification and reporting purposes.

_____ _____
Parent/legal guardian signature Date

Contact Information:

Phone no.: (580) 421-7711
Email address: FamilyAssistance@Chickasaw.net

The Chickasaw Nation Child Development Division and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.