

## Department of Community Services / Youth Services Youth Activities

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

## **Homeschool Fit Force Registration**

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:	City	State	ZIP
Physical address:	City	Otalo	2
Street	City	State	ZIP
Birth date:	Gender: □ Male □ Female	Authorized for pickup? $\square$	Yes □ No
Home phone no.: ()	Cell phone no.: ()	Work phone no.: ()	
Email address:			
Relationship:		s □ No Employee ID no.: _	
Department:	Division:	Employer name:	
Secondary contact:			
Name:			
First	Middle	Last	Suffix
Mailing address:	City	State	ZIP
Physical address:			
Physical address:Street	City	State	ZIP
Birth date:	Gender: □ Male □ Female	Authorized for pickup? □	Yes □ No
Home phone no.: ()	Cell phone no.: ()	Work phone no.: () _	
Email address:			
Relationship:	Chickasaw Nation employee: ☐ Ye	s □ No Employee ID no.: _	
Department:	Division:	Employer name:	
<b>Emergency Contact Information:</b>			
Name:			
First	Middle	Last	Suffix
Relationship:	Phone no.: ()	<u> </u>	
Email address:			
Individuals Authorized for Pick Up: (F	Please list any individuals who are authorized for p	pick up other than parent/legal guardian.	.)
Name:	Relationship:_		
Name:	Relationship:_		
Name:	Relationship:_		
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Homeschool Fit Force Registration Return application to: 231 Seabrook Road, Ada, OK 74820 Phone no.: (580) 272-5716 Fax: (580) 436-7288

Chi<u>ld's Information</u>: (All information must be completed to be considered.)

Child no. 1:	•	,			
Name:					
First		Middle		Last	Suffix
Preferred name:					
Mailing address:					710
Street		City		State	ZIP
Physical address:		City		State	ZIP
Birth date:	Age:	•	□ Female	Olalo	211
Email address:	, igo	Condon Li Maio	_ r omalo		
Does child have special needs Please explain:					
Tribal affiliation: ☐ Chickasaw		ikasha member (card r	10	)	
Homeschool affiliation:					
Grade: □ 1 <sup>st</sup> □ 2 <sup>nd</sup> □ 3 <sup>rd</sup>					
Please list medications your ch			edule).		
The decision of the decision o	ma io dan dinay t	aning (accage and con	<u> </u>	-	
Please list any over-the-counter			sion to give to you	ır child (e.g., Tyle	enol, Motrin, Pepto-
Please list any food allergies y			d to be aware of		
Thouse not any room amorgious y	or orma nao an	at diam, omprojece meet	a to be aware on	-	
Child no. 2:					
· <u> </u>					
Name: First		Middle		Last	Suffix
Preferred name:					
Mailing address:					
Street		City		State	ZIP
Physical address:					
Street		City		State	ZIP
Birth date:		Gender: □ Male	☐ Female		
Email address:					
Does child have special needs Please explain:	? □ Yes □ No	0			
Tribal affiliation: ☐ Chickasaw ☐ Child of Chi	☐ Pomiksa Ch ickasaw Nation		10	)	
Homeschool affiliation:					
Grade: □ 1 <sup>st</sup> □ 2 <sup>nd</sup> □ 3 <sup>rd</sup>	□ 4 <sup>th</sup> □ 5 <sup>th</sup>	□ 6 <sup>th</sup>			
Please list medications your ch			edule):		_
Please list any over-the-counter Bismol):				ır child (e.g., Tyle	nol, Motrin, Pepto-
Please list any food allergies y	our child has the	at staff/employees need	d to be aware of:		

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Child no. 3:			
Name:	Middle	Loot	Cuffix
		Last	Suffix
Preferred name:			
Mailing address:	City	State	ZIP
Physical address:	,		
Street	City	State	ZIP
Birth date: Age:	Gender: 🗆 Male 🗆 I	-emale	
Email address:			
Does child have special needs? ☐ Yes ☐ Please explain:			
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa ☐ Child of Chickasaw Nat	•	)	
Homeschool affiliation:			
Grade: □ 1 <sup>st</sup> □ 2 <sup>nd</sup> □ 3 <sup>rd</sup> □ 4 <sup>th</sup> □ 5	th □ 6 <sup>th</sup>		
Please list medications your child is currer	ntly taking (dosage and schedule	e):	
			-
Please list any over-the-counter medicatio Bismol):		to give to your child (e.g., Tylen	ol, Motrin, Pepto-
Please list any food allergies your child ha		pe aware of:	
Child no. 4:			
Name:	Middle	Last	Suffix
Preferred name:			- Cum
Mailing address:			
Street	City	State	ZIP
Physical address:			
Street	City	State	ZIP
Birth date: Age:	Gender: □ Male □ I	-emale	
Email address:			
Does child have special needs? ☐ Yes ☐ Please explain:			
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa ☐ Child of Chickasaw Nat	tion employee		
Homeschool affiliation:			
Grade: $\Box$ 1 <sup>st</sup> $\Box$ 2 <sup>nd</sup> $\Box$ 3 <sup>rd</sup> $\Box$ 4 <sup>th</sup> $\Box$ 5	th □ 6 <sup>th</sup>		
Please list medications your child is currer	ntly taking (dosage and schedule	e):	
Please list any over-the-counter medicatio Bismol):		to give to your child (e.g., Tylen	ol, Motrin, Pepto-
Please list any food allergies your child ha		pe aware of:	
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Child no. 5:			
Name:	NA: al all a	Last	Ctti
	Middle	Last	Suffix
Preferred name:			
Mailing address:	City	State	ZIP
	•	Otato	ZII
Physical address:Street	City	State	ZIP
Birth date: Age:	Gender: ☐ Male	□ Female	
Email address:			
Does child have special needs? ☐ Yes ☐ Please explain:	No		
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa © Child of Chickasaw Natio	Chikasha member (card no		
Homeschool affiliation:			
Grade: □ 1 <sup>st</sup> □ 2 <sup>nd</sup> □ 3 <sup>rd</sup> □ 4 <sup>th</sup> □ 5 <sup>th</sup>	□ 6 <sup>th</sup>		
Please list medications your child is currentl	v taking (dosage and sche	dule).	
Troube not modifications your ormalis ourrond	y taking (doodgo and cono		
Please list any over-the-counter medications Bismol):		on to give to your child (e.g., T	ylenol, Motrin, Pepto-
Please list any food allergies your child has	that staff/employees need	to be aware of:	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Child no. 6:			
Name:			
First	Middle	Last	Suffix
Preferred name:			
Mailing address:		Chata	710
Dh. iniani address.	City	State	ZIP
Physical address:	City	State	ZIP
Birth date: Age:	·		211
Email address:		L i cinaic	
Does child have special needs? ☐ Yes ☐	No		
Please explain: Pomiksa ☐ Pom		))	
☐ Child of Chickasaw Natio	• •		
Homeschool affiliation:			
Grade: $\Box$ 1 <sup>st</sup> $\Box$ 2 <sup>nd</sup> $\Box$ 3 <sup>rd</sup> $\Box$ 4 <sup>th</sup> $\Box$ 5 <sup>th</sup>	□ 6 <sup>th</sup>		
Please list medications your child is currently	y taking (dosage and sche	dule):	
Please list any over-the-counter medications Bismol):		on to give to your child (e.g., T	ylenol, Motrin, Pepto-
Please list any food allergies your child has		to be aware of:	
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Child no. 7:			
Name:	Middle	Last	Suffix
Preferred name:		2.50	- Callin
Mailing address:			
Street	City	State	ZIP
Physical address:			
Street	City	State	ZIP
Birth date: Age:	Gender: □ Male □ Fei	male	
Email address:			
Does child have special needs? ☐ Yes ☐ Please explain:			
Tribal affiliation: ☐ Chickasaw ☐ Pomiksa ☐ Child of Chickasaw Nati		)	
Homeschool affiliation:			
Grade: □ 1 <sup>st</sup> □ 2 <sup>nd</sup> □ 3 <sup>rd</sup> □ 4 <sup>th</sup> □ 5 <sup>tl</sup>			_
Please list medications your child is current			
Trease not mealeanens your ormans current	ily taking (dobage and benedale).		
Please list any over-the-counter medication Bismol):			ol, Motrin, Pepto-
Please list any food allergies your child has	that staff/employees need to be	aware of:	
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