



APPLICATION FOR CHILD CARE SERVICES

OTTAWA TRIBE
13 S. 69A
MIAMI, OK 74354

Application Date:	Employer 1:
Applicant Name:	Work Address:
Address:	City/State/Zip:
City/State/Zip:	Work Phone:
County:	Employer 2:
Home Phone:	Work Address:
Cell Phone:	City/State/Zip:
Parent Email:	Work Phone:

Persons In Household

Please Print

First Name	M.I.	Last Name	Sex	D.O.B.	Age	Social Security No.	Tribal Affiliation

Day Care Choice:		Applicant's Signature:	
Address:		Date Signed:	
Phone:	License #:	Co-Payment (Per Month-Per Child):	
Childcare Director/Owner:		Max. Days Authorized:	Hours per Day:
Ottawa Tribe CCDF Director Signature:		Dates Certified:	