



Change of Provider

APPLICATION FOR CHILD CARE SERVICES

PEORIA TRIBE OF INDIANS OF OKLAHOMA
118 S. EIGHT TRIBES TRAIL
P.O. BOX 1527
MIAMI, OK. 74355

ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!

Applicant's Family Name:		Application Date:	
Mailing Address:			
Physical Address, if different from above:			
Email Address:		Phone:	Cell:
County:		City:	State/Zip:
Employer 1:		Phone:	
Work Address:		City:	State/Zip:
Employer 2:		Phone:	
Work Address:		City:	State/Zip:

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List ALL the People In Household and their information

First Name	MI	Last Name	Headstart, Social Security, AFDC, SoonerCare, etc...	Sex	D.O.B.	Age	Social Security Number	Married Single, Live In	✓ Here if need of day care

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Child Care Choice:		Applicant's Signature:	
Address:		County:	Date Signed:
Phone:	Provider License#:	Director/Owner of Child Care Signature:	
Child Care Mailing Address if different from above:		**PEORIA TRIBE WILL FILL OUT BELOW**	
Co-Payment (Per Month-Per Child):		Max. Days Authorized	Hours per Day:
Peoria Tribe Child Care Signature:		Dates Certified	

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PROVIDER & PARENT INFORMATION FORM

Provider (Day Care) Name

Street City State Zip County

Phone

Fax

Children attending:

Name Age D.O.B. Days Hours attending
(AM to PM)

Name Age D.O.B. Days Hours attending
(AM to PM)

Name Age D.O.B. Days Hours attending
(AM to PM)

Name Age D.O.B. Days Hours attending
(AM to PM)

Parent Name

Address City State Zip

Day Phone

Evening Phone

Parent Signature

Date

Applicants please verify information is current and correct. Please complete entire form.