

Waiting List Application

*** Please note that all applicatio guarantee a spot in our program.		em and not date of applicatio	n, nor does a competed a	pplication
		's Information		
Child's Name		D.O.B.	Gende	r: M/F
Is your child an 🗆 Enrolle	ed Tribal Member 🗆	Tribal Descendant	N/A	
Does child have a disabili		al, or Physical) /Legal Guardian	□ Yes □ No □ Sus	pected
Name:		7 Dogar Guararan	D.O.B.	
Street:				
City:		State:	Zip:	
Primary Phone Number	:			
Are you a single parent?	? Yes / No	Are you 18 year	s old or younger?	Yes / No
	Father,	/Legal Guardian		
Name:			D.O.B.	
Street:				
City:		State:	Zip:	
Primary Phone Number	:			
Are you a single parent?	? Yes / No	Are you 18 years old or younger? Yes / No		
	Alternative/Em	ergency Contact Pe	rson	
Name:		Relationship to child:		
Street:				
City:		State:	Zip:	
Primary Phone Number	:			
		old Information		
Total Number in househo				Carra
Please check if you receiv	•	• • •	DS 🗆 WIC 🗆 Relative	Care
 Foster Care Adoption Subsidy TANF SSI Benefits Parent/Guardian Signature: Date: Dat			Date:	
Office Use Only Date Received:	Received By:	Date Entered:	Number of	Points: