

Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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 a. Total amount of hours' care is need daily? _____
 b. Is the Child attending school?
☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____
 c. Does your child have any special needs? ☐ Yes ☐ No (if yes please attach)
 d. Is the child on SSI/SSDI? ☐ Yes ☐ No
 e. Is your child receiving Child support? ☐ Yes ☐ No
 f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.
 If yes, enrollment # _____
 g. Is parent enrollment permitted? ☐ Yes ☐ No (Attach Abstract)
 h. Any Allergies? ☐ Yes ☐ No If yes list here: _____
 i. Any Dietary Restrictions? ☐ Yes ☐ No If yes list here: _____

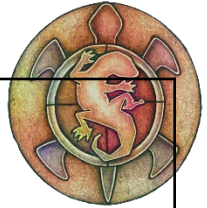
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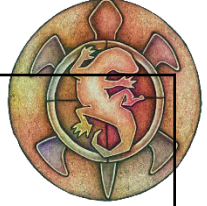
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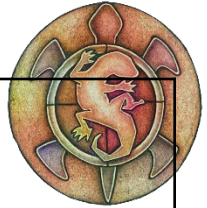
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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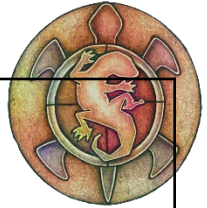
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f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.
 If yes, enrollment # _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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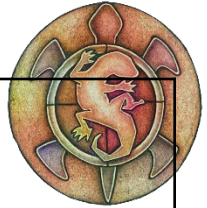
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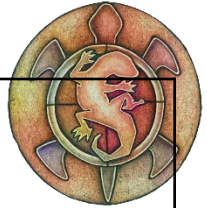
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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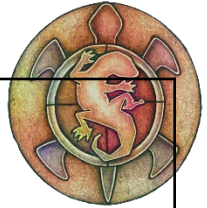
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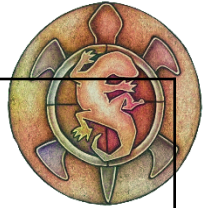
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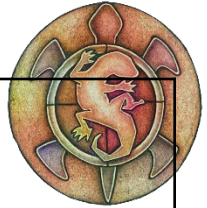
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g. Is parent enrollment permitted? ☐ Yes ☐ No (Attach Abstract)

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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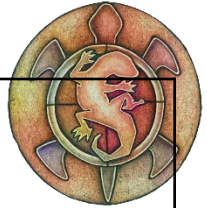
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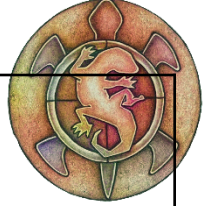
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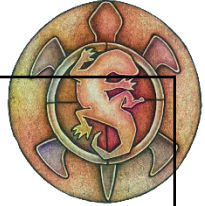
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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b. Is the Child attending school? _____

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

c. Does your child have any special needs? ☐ Yes ☐ No (if yes please attach)

d. Is the child on SSI/SSDI? ☐ Yes ☐ No

e. Is your child receiving Child support? ☐ Yes ☐ No

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.
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g. Is parent enrollment permitted? ☐ Yes ☐ No (Attach Abstract)

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Day Care Program Sicangu Oyate Cikala Waunspe Oti



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h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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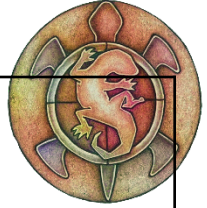
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Rosebud Sioux Tribe Child Care Program
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Day Care Program Sicangu Oyate Cikala Waunspe Oti



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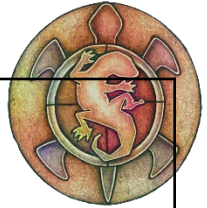
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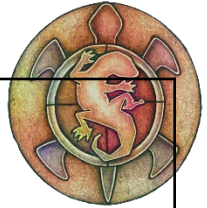
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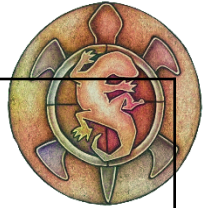
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
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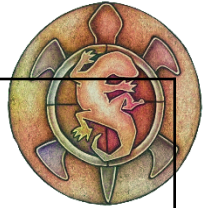
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h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

i. Any Dietary Restrictions? ☐ Yes ☐ No If yes list here: _____

4. Child name: _____ Date of birth: _____ Age: _____

a. Total amount of hours' care is need daily? _____

b. Is the Child attending school? _____

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

c. Does your child have any special needs? ☐ Yes ☐ No (if yes please attach)

d. Is the child on SSI/SSDI? ☐ Yes ☐ No

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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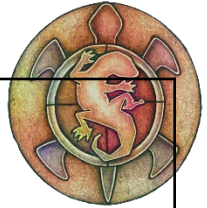
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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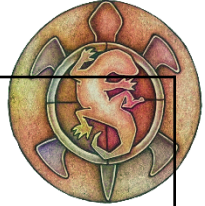
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Rosebud Sioux Tribe Child Care Program
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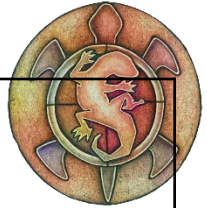
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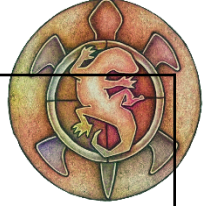
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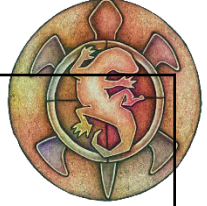
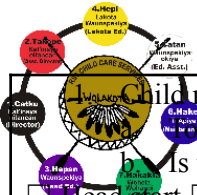
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Parent/Guardian Information

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h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

i. Any Dietary Restrictions? ☐ Yes ☐ No If yes list here: _____

4. Child name: _____ Date of birth: _____ Age: _____

a. Total amount of hours' care is need daily? _____

b. Is the Child attending school?

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

c. Does your child have any special needs? ☐ Yes ☐ No (if yes please attach)

d. Is the child on SSI/SSDI? ☐ Yes ☐ No

e. Is your child receiving Child support? ☐ Yes ☐ No

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.

If yes, enrollment # _____

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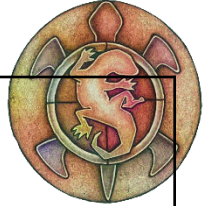
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5. Child name: _____ Date of birth: _____ Age: _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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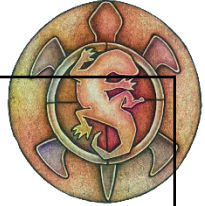
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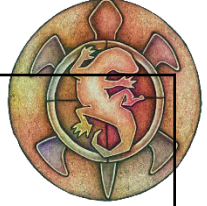
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
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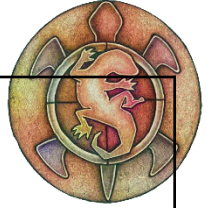
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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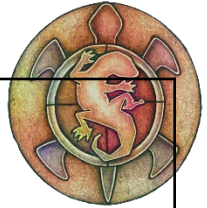
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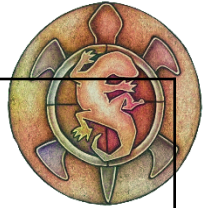
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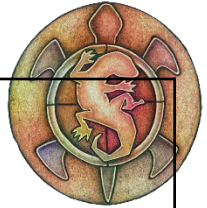
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g. Is parent enrollment permitted? ☐ Yes ☐ No (Attach Abstract)

h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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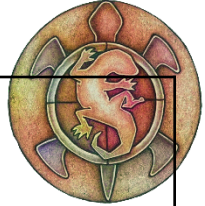
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HOUSEHOLD INFORMATION

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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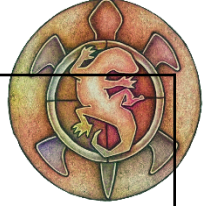
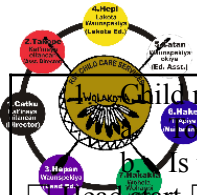
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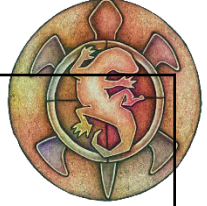
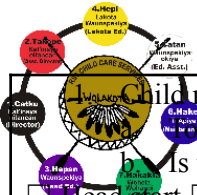
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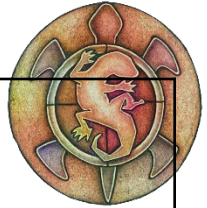
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
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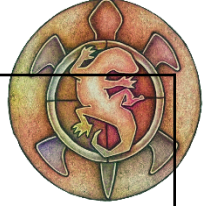
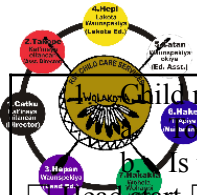
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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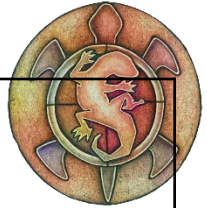
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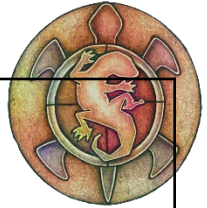
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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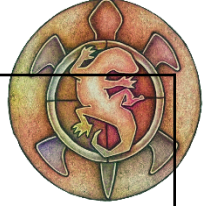
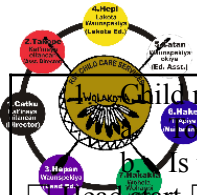
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d. Is the child on SSI/SSDI? ☐ Yes ☐ No

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 If yes, enrollment # _____

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h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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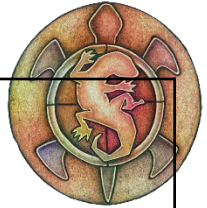
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Rosebud Sioux Tribe Child Care Program
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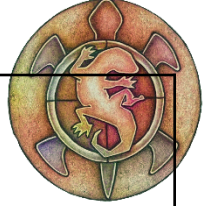
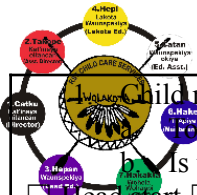
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

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d. Is the child on SSI/SSDI? ☐ Yes ☐ No

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h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

i. Any Dietary Restrictions? ☐ Yes ☐ No If yes list here: _____

4. Child name: _____ Date of birth: _____ Age: _____

a. Total amount of hours' care is need daily? _____

b. Is the Child attending school? _____

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

c. Does your child have any special needs? ☐ Yes ☐ No (if yes please attach)

d. Is the child on SSI/SSDI? ☐ Yes ☐ No

e. Is your child receiving Child support? ☐ Yes ☐ No

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Day Care Program Sicangu Oyate Cikala Waunspe Oti



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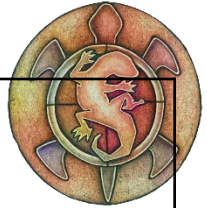
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Rosebud Sioux Tribe Child Care Program
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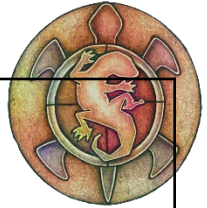
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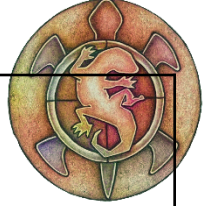
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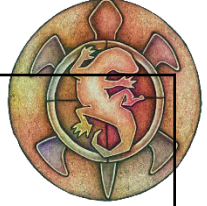
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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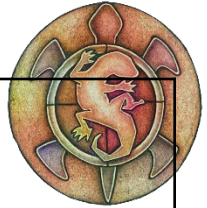
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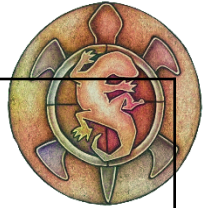
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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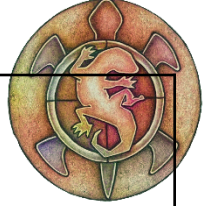
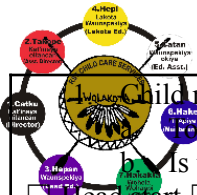
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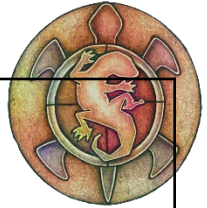
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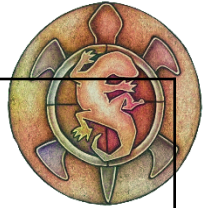
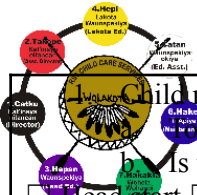
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
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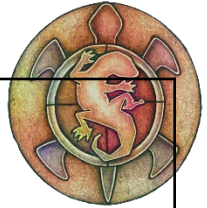
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b. Is the Child attending school? _____

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

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d. Is the child on SSI/SSDI? ☐ Yes ☐ No

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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b. Is the Child attending school? _____

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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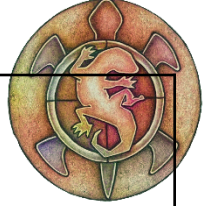
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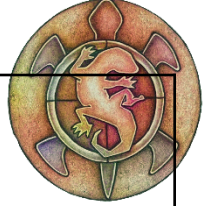
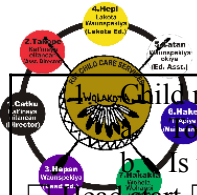
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b. Is the Child attending school? _____

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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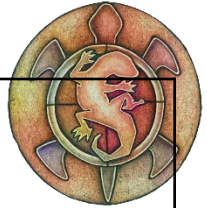
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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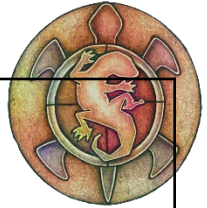
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



1. Child name: _____ Date of birth: _____ Age: _____

a. Total amount of hours' care is need daily? _____

b. Is the Child attending school? _____

☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

c. Does your child have any special needs? ☐ Yes ☐ No (if yes please attach)

d. Is the child on SSI/SSDI? ☐ Yes ☐ No

e. Is your child receiving Child support? ☐ Yes ☐ No

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.
 If yes, enrollment # _____

g. Is parent enrollment permitted? ☐ Yes ☐ No (Attach Abstract)

h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

i. Any Dietary Restrictions? ☐ Yes ☐ No If yes list here: _____

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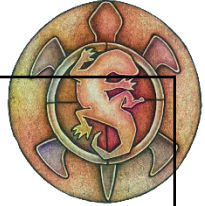
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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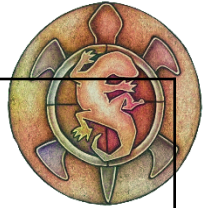
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d. Is the child on SSI/SSDI? ☐ Yes ☐ No

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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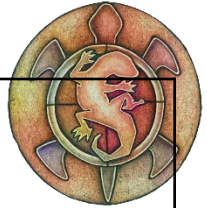
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Rosebud Sioux Tribe Child Care Program
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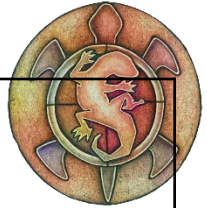
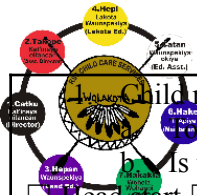
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☐ Head start ☐ Elementary ☐ Middle School ☐ Highschool. **Bus Pick:** _____ **Drop Off:** _____

c. Does your child have any special needs? ☐ Yes ☐ No (if yes please attach)

d. Is the child on SSI/SSDI? ☐ Yes ☐ No

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f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.
 If yes, enrollment # _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
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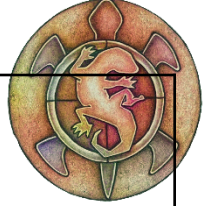
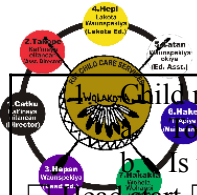
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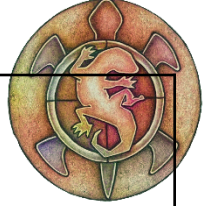
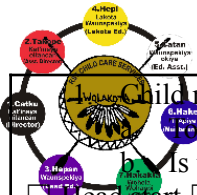
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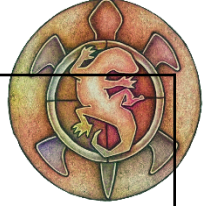
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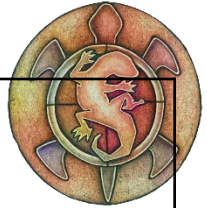
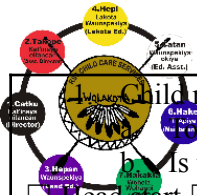
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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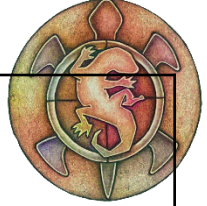
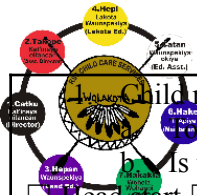
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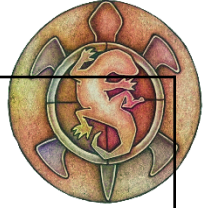
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 If yes, enrollment # _____

g. Is parent enrollment permitted? ☐ Yes ☐ No (Attach Abstract)

h. Any Allergies? ☐ Yes ☐ No If yes list here: _____

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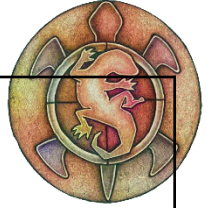
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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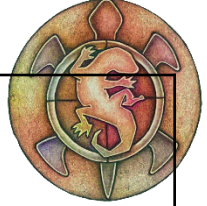
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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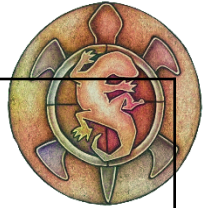
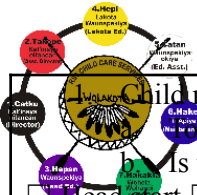
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Rosebud Sioux Tribe Child Care Program
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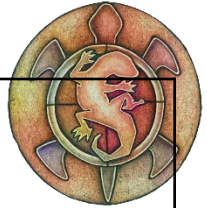
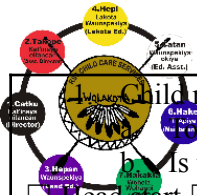
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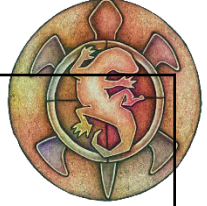
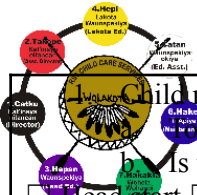
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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Rosebud Sioux Tribe Child Care Program
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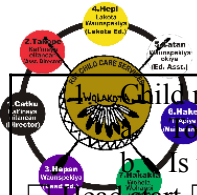
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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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 d. Is the child on SSI/SSDI? ☐ Yes ☐ No
 e. Is your child receiving Child support? ☐ Yes ☐ No
 f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐ Yes ☐ No ☐ Pending.
 If yes, enrollment # _____
 g. Is parent enrollment permitted? ☐ Yes ☐ No (Attach Abstract)
 h. Any Allergies? ☐ Yes ☐ No If yes list here: _____
 i. Any Dietary Restrictions? ☐ Yes ☐ No If yes list here: _____

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Rosebud Sioux Tribe Child Care Program
Day Care Program Sicangu Oyate Cikala Waunspe Oti



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