

## Preschool Enrollment

We are now accepting enrollment at Cowboy Junction Christian School for the 2023-2024 school year.

Tuition: CJCS follows the State of Oklahoma DHS standardized childcare rates. CJCS has received the highest level of certification from the State of Oklahoma, 5 Stars. The 5 Star Daily Rate: \$37-\$49 daily- depending on age.

We do offer a self-pay discount if tuition is prepaid. Please email the office for prepaid/discount information.

We contract with most tribes and DHS for childcare assistance. Please contact the tribe of your choice or DHS for all applications and information. Email the school at [cischool@cowboyjunction.org](mailto:cischool@cowboyjunction.org) for more information.

Please complete the following forms, Enrollment Form, Financial, Photo, Lunch and Afterschool form, USDA form, and any other DHS forms. All forms need to be completed and returned with \$50; this is the enrollment fee (\$25) and will hold your spot, as well as a one-time school supply charge (\$25). Preschool students will only need a backpack to start preschool, no other supplies. This is a nonrefundable fee. We also require a recent picture, a copy of your child's birth certificate, and current immunization record.

We encourage you to return your enrollment forms as soon as possible to secure your child's placement.

If you have any questions, feel free to contact me at 918-256-6100 or email me at [cischool@cowboyjunction.org](mailto:cischool@cowboyjunction.org), email is the preferred contact. I am not always in my office to hear the phone.

Sincerely,

Michelle Markham



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Child Information**

Child's name		Sex	Date of birth
Name(s) of person(s) and the relationship with whom the child lives			
E-mail address		Area code	Home phone
Home street address	City	State	Zip
Mother/guardian's place of employment		Business, cellular, or page phone number	
Father/guardian's place of employment		Business, cellular, or page phone number	

**Emergency contact**

In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference:

Name	Phone

**Immunization record**

Attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. **Keep your child's immunizations current. Give updated immunization record copies to the child care facility.**

A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.

**Health record**

Child's physician or clinic			Phone
Street address	City	State	Zip

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

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Is your child allergic to any foods, medications, etc.? If yes, please describe:

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Describe any special precautions for diet, medication, or activity, if applicable:

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I give permission to the child care staff to consult with health and child development professionals regarding my child's needs.

Yes  No

### Transportation

- I do not give permission for my child to be transported.
- I give permission for this child to be transported: 
  - to nearest medical facility, if a medical emergency occurs and I cannot be reached
  - on field trips
  - to and from school – Drop-off time: \_\_\_\_\_ Pickup time: \_\_\_\_\_
  - to and from home – Drop-off time: \_\_\_\_\_ Pickup time: \_\_\_\_\_
  - other, please specify: \_\_\_\_\_

### Pick up permission

Persons having permission to pick up child:

Name	Phone

I understand this form is supplied by the Oklahoma Department of Human Services (OKDHS) as a service and that supplying the form in no way imposes any responsibility or obligation upon OKDHS.

*The Parent's Guide to Selecting Quality Child Care*, OKDHS publication number 87-91, and the *Child Care Facility Policies*, are available through your child's child care provider.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Date child entered facility: \_\_\_\_\_ Date child withdrawn: \_\_\_\_\_

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2022-23**

**Participation Information: (To be completed by Parent/Guardian)**

*If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3*

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:

Mark one or more racial identities:

- Hispanic or Latino       Asian       American Indian or Alaskan Native       Black or African American  
 Not Hispanic or Latino       White       Native Hawaiian or Other Pacific Islander

**PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME**

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				Zero Income
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

**PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

*I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Signature of Adult Household Member \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_  I do not have a social security number

**FOR INSTITUTION USE ONLY:**

Annual Income Conversion: Weekly x 52    Every 2 Weeks x 26    Twice a Month x 24    Monthly x 12

Application Approved For:

- Free  
 Reduced  
 Not Eligible

- SNAP/TANF/FDPIR  
 Foster  
 Income: Total Income : \$ \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_ Date \_\_\_\_\_

How often Paid? (circle one)    Weekly    Every 2 weeks    Twice a month    Monthly    Annually  
Household Size \_\_\_\_\_

**7 CFR 226.15(e)(2)**

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2400 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-6992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.



# Cowboy Junction Christian School

27662 S. 4380 Road  
Vinita, Oklahoma 74301  
(918) 256-6100

## FINANCIAL AGREEMENT, PHOTO PERMISSION, LUNCH, AND BEFORE/AFTER SCHOOL PROGRAM

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_ I hereby acknowledge that tuition for Cowboy Junction Christian School is \$300 per month for grades K-8, I understand that I am responsible for the entire amount to be paid before the end of each month. I also understand that a 1% late fee may be imposed to any balance not paid by the 15th of the next month. (The only exception will be for pending tribal or DHS payments.) Co-payments must be paid monthly.

\_\_\_\_\_ I hereby consent to and authorize the use and reproduction by Cowboy Junction, or anyone authorized by Cowboy Junction, of any and all photographs and/or video images which Cowboy Junction may take of my child.

\_\_\_\_\_ Cost of lunch will be included.

\_\_\_\_\_ The Before/After School Program hours are from 7:30 a.m. to 5:30 p.m. I understand that the cost is \$25 per month. If my child participates in this program, I agree to pay the additional \$25, and I will have my child picked up no later than 5:30 p.m.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent/Guardian



**Program Information**

Cowboy Junction K830023905  
 Program name License number

27662 S. 4380 Vinita OK 74301  
 Street address City State ZIP code

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Mailing address Cowboy Junction Inc.

918-256-6100 Owner  
 Phone Owner

**Child Information**

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

	Name	Date of birth
+		
-		
-		
-		

**Agreement and Signature**

- I understand and am aware:
  - his program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
  - of the Compliance File location and its contents.
  - his form is to be completed:
    - upon child enrollment; and
    - every 12 months thereafter.
  - copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

\_\_\_\_\_  
 Parent or legal guardian name Parent or legal guardian signature Date