



June 3rd-July 26th

Ages 6-12 years old

Monday-Friday

7:30am-5:00pm

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Summer Camp

**Breakfast and
snacks will be
provided**

**Children must
bring their lunch**

**Limited to only
50 Children**

**Transportation
will not be
provided**

**Wah-Zha-Zhe Early Learning Academy Gymnasium
220 W. 15th St. Pawhuska, OK 74056
For more information contact
Osage Nation Child Care Program 918-287-5363**



239 W. 12th Street
Pawhuska, OK
918-287-5363

2019 SUMMER CAMP APPLICATION

Dear Summer Camp Applicant:

The Child Care Assistance Department offers a Summer Camp from June 3rd-July 26th. The Summer Camp is available to Native American children ages 6-12 residing in Osage County. Please provide the following required documents along with your application:

- ☐ Copy of CDIB or Tribal Membership Card for the children and/or parent(s)
- ☐ Copy of Social Security cards for each member of the household
- ☐ Copy of birth certificate for each child that will be attending the summer camp
- ☐ Current proof of residence (utility bill or rent receipt with physical address)
- ☐ Proof of income for each adult in the household. Please submit the most recent pay stub or a written statement from employer (on employer letterhead), dated within 30 days of application.
- ☐ Copy of school schedule for all adult household members attending school

Completed applications are due by May 10, 2019 by 4:30pm. Applications will not be considered complete until all required documentation has been received by the Child Care Department. All applicants will be notified of their child/children's acceptance status by May 17th.

Should you have any questions or concerns regarding this application or the Summer Camp, please feel free to contact us between the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday.



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PARENT INFORMATION

First Name	Last Name		
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Contact Number	Email		
Employer/School			

SPOUSE/PARTNER INFORMATION

First Name	Last Name		
Contact Number	Email		
Employer/School			



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HOUSEHOLD INFORMATION

LIST ALL MEMBERS OF THE HOUSEHOLD UNIT, INCLUDING SELF.

Name (First and Last)	DOB	Social Security Number	Relationship to Applicant	Tribal Affiliation	Attending Summer Camp? (Y/N)

Parent or Guardian Signature

Date