



Wakinyan  
Ophá | Wičhóthi  
Gluíčağa  
Okhólakíchiye

**Thunder Valley Community Development Corporation**  
Lakota Language & Education Initiative  
*Child Application*

Childs Name:		
Lakhóta Name:		
Nickname:		
Date of Birth:		
Home/Physical Address:		
Mailing Address:		
Phone Number:	Email:	
Allergies & Other Medical Conditions (i.e., asthma, diabetes, epilepsy, physical limitations, etc.)		
<b>Parent/Guardian Name:</b>		
Home Phone:	Work Phone:	Mobile Phone:
Home Address:		
Mailing Address:		
Relation to Child:		
Work Schedule:		
<b>Parent/Guardian Name:</b>		
Home Phone:	Work Phone:	Mobile Phone:
Home Address:		
Mailing Address		
Relation to Child:		
Work Schedule:		
<b>Parental Marital Status:</b>		
<b>Custody Arrangements:</b>		

**Individuals restricted from seeing/picking-up child:**

**Emergency Contacts**

**Name of Individual:**

*Relationship:*

*Phone Number(s):*

**Name of Individual:**

*Relationship:*

*Phone Number(s):*

**Who will regularly pick-up child(ren)?**

**Name of Individual:**

*Relationship:*

*Vehicle:*

**Name of Individual:**

*Relationship:*

*Vehicle:*

Any other additional information you would like share about your child?  
(favorite foods, likes/dislikes, fears, special interests, etc.)

**Emergency Medical Care Authorization**

I hereby give permission for emergency medical treatment for my child \_\_\_\_\_  
if requested by TVCDC Lakota Immersion Montessori Staff, who is our provider for our child.

Please note that my child is allergic to the following medications:

\_\_\_\_\_

It is also important to note that my child has the following special medical conditions:

\_\_\_\_\_

I/We attest that the information listed on this application is as accurate and complete as possible.

\_\_\_\_\_  
Parent Signature & Date

\_\_\_\_\_  
Parent Signature & Date

**Other documents needed (Please attach):**

Current Immunization Record  
Copy of Custody Papers (if applicable)

**Office Use Only:**

**Date Received:**

**Enrollment Date:**