

Okanogan County Child Development Association

127 Juniper Street North
Omak, WA 98841

Phone: 509.826.2466
Fax: 509.826.3829



We are so excited that you are interested in our Early Learning programs. Okanogan County Child Development Association provides services for expectant mothers and children Birth to five years of age. Our goal at OCCDA is to provide early childhood education and comprehensive, prevention based, quality services for children Birth to Five years old, pregnant women, and their families for the benefit of the community. We serve families throughout Okanogan County and residents of Bridgeport, WA.

All families are eligible and encouraged to apply for our programs and All programs are at NO COST. Priority is given to families with the greatest need, such as homeless families, foster children, children with disabilities and low income families.

With your completed application please include the following documents:

- Proof of age for the child or Estimated due date for Expectant Mothers
- All family income for the previous calendar year or the past 12 months

Your application can be submitted at one of our center locations or at our Main Office. If you have any questions or need additional help please call (509) 826-2466.

Main Office
127 N Juniper
Omak, WA 98841

Okanogan HS
1240 S 2nd
Okanogan, WA

Oroville EHS/RHV
33436 US 97
Oroville, WA

Brewster EHS/RHV/HS
601 West Cliff
Brewster, WA

Omak EHS/RHV/HS
631 W Ridge Dr
Omak, WA

Tonasket HS/ECEAP
114 Locust St
Tonasket, WA

Bridgeport EHS
1440 Columbia Ave
Bridgeport, WA

Oroville HS/ECEAP
1114 Main St.
Oroville, WA

Tonasket EHS
6th W 5th St
Tonasket, WA

We look forward to working with you and your family!

Sincerely,
Katrina Bercier
ERSEA Coordinator



I am interested in the following OCCDA programs (select all that apply)
 Ages Prenatal/Birth to 3yrs: Rural Home Visiting Early Head Start
 Ages 3-5years Head Start ECEAP

| APPLICANT: <input type="checkbox"/> CHILD <input type="checkbox"/> PRENATAL | | | | |
|---|------|--|---|--------------------|
| FIRST | LAST | GENDER <input type="checkbox"/> M <input type="checkbox"/> F | BIRTHDATE | Estimated Due Date |
| RACE <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black/ African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____ | | HISPANIC OR LATINO ORIGIN <input type="checkbox"/> Yes <input type="checkbox"/> No | PREVIOUSLY ENROLLED IN AN EARLY CHILDHOOD EDUCATION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | |
| PRIMARY HEALTH CARE INSURANCE | | PRIMARY DOCTOR/CLINIC | | |
| DENTAL INSURANCE | | DENTAL CLINIC/DENTIST | | |

| PRIMARY ADULT: RELATION TO CHILD: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER | | | |
|---|------|--|---|
| FIRST | LAST | BIRTHDATE | |
| RACE <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to answer | | HISPANIC OR LATINO ORIGIN <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HIGHEST GRADE COMPLETED <input type="checkbox"/> 6TH Grade or Less <input type="checkbox"/> 7TH Grade to 12th <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Some College/Tech Training | | EMPLOYMENT STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed | CHILD'S RELATIONSHIP <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster |
| CHECK ALL THAT APPLY: CUSTODY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support | | | |
| EMAIL ADDRESS: | | | |

| SECONDARY OR OTHER ADULT: RELATION TO CHILD: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER | | | |
|---|-----------|--|---|
| FIRST NAME | LAST NAME | BIRTHDATE | |
| RACE <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to answer | | HISPANIC OR LATINO ORIGIN <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HIGHEST GRADE COMPLETED <input type="checkbox"/> 6TH Grade or Less <input type="checkbox"/> 7TH Grade to 12th <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Some College/Tech Training | | EMPLOYMENT STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed | CHILD'S RELATIONSHIP <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster |
| CHECK ALL THAT APPLY: CUSTODY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support | | | |
| EMAIL ADDRESS: | | | |

