



## Resource Room Service Request Form

NAME: \_\_\_\_\_

NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

TYPE OF FACILITY: (Early Learning, Public School, Relative Provider, etc.)  
\_\_\_\_\_

GRADE OR AGE GROUP THAT YOU TEACH: \_\_\_\_\_

# OF CHILDREN IN YOUR CLASSROOM: \_\_\_\_\_

# OF OSAGE CHILDREN: \_\_\_\_\_

# OF OTHER TRIBE: \_\_\_\_\_

# OF NON-NATIVE: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, you are agreeing to the Osage Nation Resource Room terms and conditions. If you have any questions regarding this application, please contact the Osage Nation Child Care Department at 918-287-3325.

Osage Nation Child Care Department  
239 W. 12<sup>th</sup> St., Pawhuska, OK 74056

Resource Specialist: Destinie Lookout  
Email: [destinie.lookout@osagenation-nsn.gov](mailto:destinie.lookout@osagenation-nsn.gov)  
Phone: 918-287-3325  
Fax: 918-287-5220