



# Rehoboth Early Childhood Center

## PRE-K APPLICATION 2020-2021

**Which PreK program are you applying for:**

\_\_\_\_\_ **3 year old program**  
(Student must be 3 years old before Sept. 1st)

\_\_\_\_\_ **4 year old program**  
(Student must be 4 years old before Sept. 1st)

Date of Application: \_\_\_\_\_

### Student Information

Student First Name	Middle Name	Last Name

Gender	Age	Birthdate	Primary Phone Number
<input type="checkbox"/> Male <input type="checkbox"/> Female			

Mailing address	City	State & Zip

Physical address (if different from above)	City	State & Zip

Ethnicity

<input type="checkbox"/> Anglo	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

If Native American, what tribe?	Census #

**Primary language spoken at home:**

<input type="checkbox"/> English	<input type="checkbox"/> Zuni	<input type="checkbox"/> Other
<input type="checkbox"/> Navajo	<input type="checkbox"/> Spanish	

**In 2019-2020 school year, my child was:**

\_\_\_\_ In Day Care    \_\_\_\_ At home    \_\_\_\_ Enrolled in a PK program. If in a PK program where?: \_\_\_\_\_

**Before & After School Care:**

School hours are from 8am-3pm. For an additional fee, will you be needing Before & After School Care?

Yes. If Yes, will it be for:

- Before Care Only
- After Care Only
- Or Both

No

# Parent Information

## Parent/ Guardian 1

Title (circle one please): Mr. , Ms. , Mrs., Rev., Dr., Other

First Name	Middle Initial	Last Name

Mailing address (if different from student info)	City	State & Zip

Ethnicity

<input type="checkbox"/> Anglo	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

Job Title	Email	Cell number

Does applicant live with this parent?

Yes  
 No

## Parent/Guardian 2

Title (circle one please): Mr. , Ms. , Mrs., Rev., Dr., Other

First Name	Middle Initial	Last Name

Mailing address, if different from Parent/Guardian 1	City	State & Zip

Ethnicity

<input type="checkbox"/> Anglo	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

Job Title	Email	Cell number

Does applicant live with this parent?

Yes  
 No

### How did you learn about the Rehoboth Early Childhood Center?

- |   |  |
|---|--|
| <input type="checkbox"/> Another PreK parent              | <input type="checkbox"/> Advertisement     |
| <input type="checkbox"/> Rehoboth Christian School parent | <input type="checkbox"/> Details:_____     |
| <input type="checkbox"/> Friend                           | <input type="checkbox"/> In-town Preschool |
| <input type="checkbox"/> Rehoboth staff                   | <input type="checkbox"/> Roadway sign      |
| <input type="checkbox"/> Newspaper                        | <input type="checkbox"/> Other:_____       |
| <input type="checkbox"/> Radio                            |  |

### Transportation Information:

**Reminder:** The PreK program does not offer bus transportation. All PreK students will need to be dropped off and picked-up daily.

**Photo Release:**

Rehoboth Christian School (RCS) has permission to use photos, videos, or interviews of RCS child(ren) for promotional purposes such as social media outlets of YouTube, Instagram, Facebook, and Twitter. If there are special circumstances for why your child's photo cannot be used, please contact the Advancement office by email: [elynych@rcsnm.org](mailto:elynych@rcsnm.org).

By signing below, you have read the above statement and understand if you are choosing to exclude your child from promotional marketing materials with RCS, you will contact the Advancement Office personally.

**Emergency Contacts**

**Please list at least two (2) other person's names, addresses, and telephone numbers as a person to contact in case of emergency**

Other than the applicant's parents, please give two other person's name and info below:				
Name	Address	Cell/Home #	Work #	Relationship to child

I, as the parent/guardian responsible for the above-named student, have given all information honestly and correctly with no misrepresentation.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_



# Rehoboth Early Childhood Center

## Health Consent Form

### PRE-K 2020-2021

**Parents:** please answer the following medical information regarding the student. This includes any medical prescriptions and conditions your child may have. This information will help us to prepare and provide a safe environment for your child.

Student First Name	MI	Last Name

#### **Medical:**

Who is your child's primary care physician? \_\_\_\_\_

What is the phone number to your primary care physician or hospital? \_\_\_\_\_

#### **Medications:**

Is your child currently prescribed any medications by your child's physician?

- Yes--If yes, please list the medications: \_\_\_\_\_
- No

Please check whether we may give the student the following over the counter medication on an as-needed basis:

- |                                    |                                   |                                |
|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Tylenol   | <input type="checkbox"/> Cough    | <input type="checkbox"/> Midol |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Medicine |                                |
| <input type="checkbox"/> Benadryl  | <input type="checkbox"/> Antacids |                                |

#### **Allergies:**

Please list ALL student's food, medication, or other allergies along with a brief description:

---

#### **Special Diets**

Is there any special diet requirements that a licensed physician has given for the student?

- Yes
- No

If yes, you will be contacted before the next school year begins. Please note, RCS may not be able to fully accommodate all dietary restrictions.

#### **Sunscreen:**

I agree to provide sunscreen to RECC and give permission for the RECC staff to apply it to my child as needed.

- Yes
- No

#### **Bug spray:**

I agree to provide bug spray to RECC and give permission for the RECC staff to apply it to my child as needed.

- Yes
- No

# Rehoboth Early Childhood Center

Health Consent Form

PRE-K 2020-2021

## Hospitalization/Accident:

Has your child been hospitalized or diagnosed with any serious illness in the past year?

- Yes-- If yes, please explain: \_\_\_\_\_  
 No

Has your child had an accident or serious injury in the past year?

- Yes-- If yes, please explain: \_\_\_\_\_  
 No

## Permission to Transport:

If a medical emergency were to arise with your child, we will need permission to treat your child or to have your child transported in an ambulance or by a Rehoboth Christian School (RCS) staff.

I give permission to have my child transported by RCS staff for medical care, if needed.

- Yes  
 No

In the event of an emergency, do we have permission to treat?

- Yes  
 No

In the event of an emergency, do we have permission to have child transported in an ambulance?

- Yes  
 No

## Vision:

Does your student need glasses or prescription eyewear?

- Yes  
 No

## Other Concerns:

Do you have any concerns for your child of the following?

(circle): Vision      Hearing      Speech      Dental      Other: \_\_\_\_\_

Is there any health conditions or physical limitations that we should be aware of?

- Yes-- If yes, please give a description: \_\_\_\_\_  
 No

**If a child becomes ill, but it is not an emergency, we will isolate him/her from the other children and contact his/her parents/guardians.**

Please sign below that all medical information has been provided to school.

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

\_\_\_\_\_  
Date



# INCOME ELIGIBILITY APPLICATION

Free and Reduced meals in the Child and Adult Care Food Program

\_\_\_\_\_ assures the New Mexico Children, Youth and Families Department, Early Childhood Services,

(Center Name)

Child and Adult Care Food Program, that all enrolled participants in attendance will be offered the same meals without physical segregation of, or other discriminatory action against, any child or adult participant on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information, or employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

**INSTRUCTIONS:** Complete this form and return to the Centers office.

**Notation: (SNAP) Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

**\*Child Care Centers:** To apply for FREE meals - If you are receiving benefits under Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. DO NOT complete other Household Members or income information.

**\*\*Adult Day Care:** To apply for FREE meals - If enrolled participant household is recipient of Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, SSI, and/or Medicaid case number and sign the form. DO NOT complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)				Benefit Information (If applicable check type of benefit & provide the required case number)	
Name: Last:            First:	If Foster Child Check here	Date of Birth:	Age	*Child Care Centers Only-check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	**Adult Care Centers Only-check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED
		/ /		*Case Number:	**Case Number:
		/ /			
		/ /			
		/ /			

**Foster Child (complete if a foster child is enrolling for care)**

Check this box if this application includes a foster child. List the amount of child's "personal use" monthly income \$ \_\_\_\_\_ if there is no income, record "0".

**All Other Household Members** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

Name: Last:            First:	Name: Last:            First:

Total Number in Household: \_\_\_\_\_

**Household Income** (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.)

Wages, Salary: \$ _____	Child Support (Alimony): \$ _____	Social Security: \$ _____
Pension or Retirement: \$ _____	Unemployment: \$ _____	Other Income: \$ _____

If necessary, convert multiple income schedules to annual income ( Multiply weekly income by 52, biweekly by 26, monthly by 12)

Total Income: \$ \_\_\_\_\_  Weekly  Monthly  Annually (Check one)

**Penalties for Misrepresentation:** I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

\_\_\_\_\_  
Signature of Adult Family Member

\* \* \* - \* \* - \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

If the Adult Household Member signing this form does not have a Social Security Number, Check this box.

**Privacy Act Statement:** This explains how we will use the information you give us. 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 social security number is not required when you apply on behalf of a foster child or if the household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center or receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center. 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 programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## FOR SPONSOR USE ONLY

Child Day Care Center:                       Approved Free                       Approved Reduced                       Paid

Adult Day Care Center:

\_\_\_\_\_  
Approving Date                      Date Disenrolled                      Name of Organization                      Name of Person Approving Form