



Rehoboth Early Childhood Center

RECC Application 2025-2026

Return completed application and immunizations by email (preferable) to: **nsteiger@rcsnm.org**
Or return completed application packet to the Admin or RECC building at Rehoboth.

Which PreK program are you applying for:

_____ 3 year old program
(Child must be 3 years old before Sept. 1st)

_____ 4 year old program
(Child must be 4 years old before Sept. 1st)

Date of Application: _____

Child Information

Child's First Name	Middle Name	Last Name

Gender	Age	Birthdate	Primary Phone Number
___ Male ___ Female			

Race (check all that apply):

- Native American
- Black or African American
- White
- Asian
- Other: _____

Hispanic? ___Yes ___No	If Native American, what tribe?	Census #

Mailing address	City	State	Zip Code

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

Primary Language Spoken at Home:

- English
- Navajo
- Zuni
- Spanish
- Other: _____

In 2024-2025 my child was:

- In Daycare or School. If so, where? _____
- At Home

For Office Use Only:

Received date & time:	<input type="checkbox"/> Immunization record <input type="checkbox"/> Signed application
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Parent/Guardian Information

Parent/ Guardian 1

Relationship to child _____

Title: Mr. Ms. Mrs. Rev. Dr. Other

First Name MI Last Name

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Email Cell Phone Work Number

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Employer: _____ Job Title: _____

Race (check all that apply):

- Native American White Other: _____
 Black or African American Asian

Hispanic? ___ Yes ___ No

Does the child live with this parent/guardian? ___ Yes ___ No

Parent/ Guardian 2

Relationship to child _____

Title: Mr. Ms. Mrs. Rev. Dr. Other _____

First Name MI Last Name

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Email Cell Phone Work Number

--	--	--

Employer: _____ Job Title: _____

Race (check all that apply):

- Native American White Other: _____
 Black or African American Asian

Hispanic? ___ Yes ___ No

Does the child live with this parent/guardian? ___ Yes ___ No

Additional Information

Do any of the following apply to you?

- Parent/Guardian is a current Rehoboth parent Does not apply
 Parent/Guardian is an Alumni of Rehoboth

How did you learn about the Rehoboth Early Childhood Center?

- Another Rehoboth parent Roadway sign
 Friend Advertisement
 Rehoboth staff Other: _____
 In-town Preschool

How familiar are you with our PreK program?

- My child currently attends this program
- My older child(ren) attended previously
- I have family/friends who have sent their child to this program
- I have visited this program
- I am brand new to this program
- Other: _____

Transportation Information:

_____ Parent Initial

I understand that RECC does not offer bus transportation. All PreK students will need to be dropped off and picked up daily.

Enrollment Agreement:

_____ Parent Initial

I understand that RECC does not, and will not, charge tuition for our regular school day during the 2025/2026 school year. Our hours are 8 am - 3 pm Monday through Friday, with an early release every Thursday at 1:30 pm.

Media Release:

Occasionally, photos/videos will be taken of the children for use within our center or Rehoboth Christian School. Please indicate whether you authorize the use of photos/videos of your child on the website, social media, advertisements, and/or newsletters.

- Yes**, I give permission for the use of photos/videos of my child on the website, social media, advertisements, and/or newsletters
- No**, I do not give permission for the use of photos/videos of my child on the website, social media, advertisements, and/or newsletters

Emergency Contacts

Other than the applicant's parents, please give <u>two</u> other person's name and info below				
Name of other contact besides the parent	Address	Cell/Home #	Work #	Relationship to child

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

Parent/Guardian signature _____ Date: _____

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NOTE: Your PreK application is not considered complete until we receive an up-to-date copy of your child's immunization record. You can access your child's immunization record at <https://vaxview.doh.nm.gov/> or you can obtain it from your child's healthcare provider. Immunization records should be turned in with your completed application or faxed to (505)726-9635.



Rehoboth Early Childhood Center
Health Consent Form
RECC 2025-2026

Child's First Name	MI	Last Name

Medical Care Provider:

Child's medical care provider: _____

Physician's name (if applicable): _____

Phone number of medical care provider: _____

Medical Conditions:

Does your child have any special medical conditions or illnesses?

- No
- Yes If yes, please explain:

Hospitalization/Accident:

Has your child been hospitalized for illness or serious injury?

- No
- Yes If yes, please explain:

Medications:

Is your child prescribed any medications that will need to be administered regularly?

- No
- Yes If yes, please list the medication(s) and frequency of administration:

Allergies:

Does your child have any medication, food, or other allergies?

- No
- Yes If yes, please list and explain:

Special Diets:

Does your child have any special diet requirements prescribed by a physician?

- No
- Yes If yes, please explain:

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Health Consent Form

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Permission to Transport:

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

- No
- Yes

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

- No
- Yes

Other Permissions:

I give permission for the sunscreen provided by RECC to be applied to my child as needed.

- No, I will provide my own sunscreen if needed
- Yes

I give permission for the insect repellent provided by RECC to be applied to my child as needed.

- No, I will provide my own insect repellent if needed
- Yes

_____ **Parent Initial**

I understand that it is my responsibility to provide the following if my child needs it: lotion, diaper cream, wipes, diapers/pull-ups, milk alternative

Child Development:

Does your child have an IEP or IFSP (Individualized Educational Program or Individualized Family Service Plan)?

- No
- Yes If yes, please send a copy to our PreK Director, Nicole Steiger at: nsteiger@rcsnm.org

Do you have any concerns about your child's development? Check all that apply.

- | | | |
|---------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Speech | <input type="checkbox"/> Other: _____ |

Does your child have any physical limitations that we should be aware of?

- No
- Yes If yes, please explain:

To the best of my knowledge, the medical information provided above is accurate:

Parent/Guardian Signature

Date

A reminder:

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