



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.

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



**Child and Adult Care Food Program
INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM**

Name of Facility / Center / Site: Presbyterian Medical Services	Facility / Center / Site EPICS ID #: 70	Phone Number: () /
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PARTICIPANT INFORMATION:

List name of all enrolled participants that you are applying for which are in care.

List each enrolled participant's date of birth.

If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.

Child Care Centers: If the participant enrolled is in a Child Care Center and receives benefits through Supplemental Nutrition Assistance (SNAP), (formerly food stamps or Food Distribution Program on Indian Reservation (FDPIR), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

Adult Day Care Centers: If the participant enrolled is in an Adult Daycare Center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (Household and Income information).

HOUSEHOLD AND INCOME INFORMATION

Not required to be completed if case# is provided above.

List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).

Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application.

Reported income needs to be reported on the same. The income reported on the application must include all income before taxes and before other deductions.

A foster child, defined as a ward of the court or welfare agency. Only the foster child's "personal use" income is listed.

Personal use income includes:

- Funds that are specified by the welfare agency as being for the personal use of the child. (If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income.)
- Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE

The adult family member completing the application must sign and date the application.

If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.

If you do not have a social security number, check the "box" provided. Otherwise, failure to provide the social security number (if you have one) will make the Income Eligibility Application invalid and will reduce the level of CACFP reimbursement your family's Child Care Center receives for meals served to the children and/or adult participants enrolled for care in their center.



Child and Adult Care Food Program
INCOME ELIGIBILITY APPLICATION

Name of Facility / Center / Site: Presbyterian Medical Services
Facility / Center / Site EPICS ID #: 70
Phone Number: () / /

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Instructions: Complete this form and return to the Center's Office

ENROLLED PARTICIPANT INFORMATION:

(Check if applicable for Enrolled Participant)

Case #:

First: Last: DOB: Child Care Centers: Adult Daycare Centers:
Foster Child? SNAP FDPIR SNAP FDPIR SSI MED
Foster Child? SNAP FDPIR SNAP FDPIR SSI MED
Foster Child? SNAP FDPIR SNAP FDPIR SSI MED
Foster Child? SNAP FDPIR SNAP FDPIR SSI MED
Foster Child? SNAP FDPIR SNAP FDPIR SSI MED

If Enrolled Participant is a Foster Child: Please list the amount of the child's "personal use" monthly income (if no personal income, record "0"): _____

HOUSEHOLD INFORMATION:

List the first and last name of each person living in the household, related or not (such as grandparents, other relatives, or friends who live in the household). Include yourself and all children over the age of 13 living with you. (Please use additional forms if more lines are required).

First: Last: First: Last:

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: \$ _____ Social Security: \$ _____ Pension/Retirement: \$ _____
Unemployment: \$ _____ Other Income: \$ _____ Total Income: \$ _____ Monthly

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 Last Four Digits of Social Security Number* Check if no SS# Date

Privacy Act Statement:

This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires that, unless the participant's food stamp or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or FDPIR office to determine current certification for receipt of SNAP (food stamp) or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

FOR SPONSOR'S USE ONLY

Child Day Care Center Adult Day Care Center Approved Free Approved Reduced Paid

Signature of Facility / Center / Site Representative Name of Facility / Center / Site Representative Approving Date Date Disenrolled

* Complete Social Security Number is not required for CACFP Participation, only the last four digits are required.