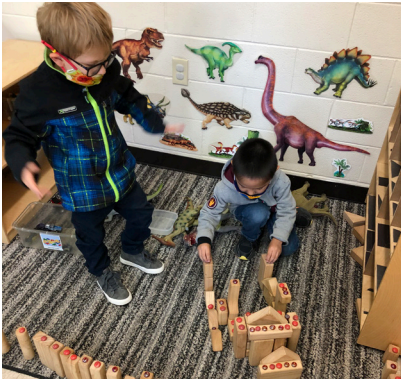




Rehoboth Early Childhood Center (RECC) Early Pre-K/Pre-K Admission Packet



Mission

To offer a warm, accepting atmosphere in which the whole child and his/her family can grow— emotionally, socially, creatively, intellectually, and physically.

Admissions Coordinator

LaShonda Anderson
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RECC Director

Eryn Hannink
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Rehoboth Early Childhood Center (RECC)

The Rehoboth Early Childhood Center was made possible by the Christopher Johnson Memorial Fund. Over the years, it has become a free, federally funded program in response to the growing demand for a PreK. The RECC is a New Mexico PreK site with one classroom for three-year-olds and two classrooms for four-year-olds. RECC is rated a Five Star site by the New Mexico kids organization. With Educational Assistants in all classrooms, the program helps children and families with the important transition into an elementary school education.

Eryn Hannink • RECC Director



My name is Eryn Hannink. I am the Director of the Rehoboth Early Childhood Center. Prior to coming to Rehoboth in 2012, I taught Kindergarten, 1st grade, PreK, and Preschool in the Gallup McKinley County School District for 5 1/2 years. I then taught full time at Rehoboth in a PreK classroom and worked as the Director for eight years before becoming the full-time Director. I earned a Bachelor's degree in Elementary Education with an endorsement in Early Childhood Education from Calvin University and a Master's degree in Teaching English to Speakers of Other Languages (TESOL) from Grand Canyon University. When not at school, I enjoy reading and talking with friends. I am blessed and honored to be part of the Rehoboth community!

Sara Bingley • RECC 4 yr. old Teacher



Ya'at'eeh! My name is Sara Bingley, but I am also known as "Ms. B" by my students. Tsenabahi'nii nishlii doo Kinlichii'nii bashischiin. 'Ashijhi dashichee doo Tó'dich'ii'nii dashinali. I am married and have three children. I am originally from Bahast'lah, NM and I am one of the Lead PreK teachers for the 4/5 year old. I graduated from New Mexico Military Institute with my Associates Degree and then my Bachelor's Degree from New Mexico State University. I am attending Western New Mexico University Master's Level Alternative Licensure Program in Early Childhood Education. The amount of love, excitement, humor, and joy that my students freely give on a daily basis is abundant. I am super thankful and blessed to be a part of the Rehoboth Community!

Nicole Steiger • RECC 4 yr. old Teacher



I graduated from Calvin University with a bachelor's degree in Early Childhood Education in 2014 and I've been teaching PreK at Rehoboth ever since! I am the lead teacher of one of our 4/5 year old classes with my amazing Teacher Assistant, Daphne Nelson. My favorite part about teaching PreK is being able to see how much my students learn and grow in such a short time. Their curiosity and excitement is contagious!

Elizabeth Nakai • RECC 3 yr. old Teacher



Hello, my name is Elizabeth Nakai. I have been with RECC since 2018. I am from Twin Lakes, NM, where I reside with my family and my 4-year-old son. I am currently attending The University of New Mexico studying Early Childhood Education. Aside from the Early PreK life, my family and I spend most of our time outside working with our livestock, going to rodeos, or finding other outdoor adventures. Working with preschoolers is such a blessing! I love seeing their growth. I look forward to having a great year filled with fun learning adventures!

RECC Admission Packet & Process

1. The RECC Admission Packet contains:

- ____ Early PreK/PreK Application
- ____ Health Consent Form
- ____ Child and Adult Care Food Program Application

2. Additional Documentation and Requirements

- ____ It is mandatory for the admission office to verify Birth Certificate with application
- ____ Copy of Immunization Record
- ____ Copy of CIB (if applicable)

3. Reminders:

- If applying for 3 yr old classroom your child must be 3 yrs old by midnight of Aug. 31, 2022 to apply.
- If applying for 4 yr old classroom your child must be 4 yrs old by midnight of Aug. 31, 2022 to apply.
- Applicants will be accepted on a first come, first served basis.

4. Next Steps:

Once entire packet (step#1 & #2 above) has been submitted to admissions office at the administration building, and birth certificate has been verified, the RECC Director will contact parents regarding next steps.



Rehoboth Early Childhood Center PRE-K APPLICATION 2022-2023

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)

Student Information

Date of Application: _____

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 #
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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 2021-2022 school year, my child was:

____ In Day Care ____ At home ____ Enrolled in a PK program. If in a PK program where?: _____

Parent Information

Parent/ Guardian 1

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

First Name Middle Initial Last Name

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

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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

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Does the 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

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Does the 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:

_____parent initial

I understand 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: advancement@rcsnm.org.

_____parent initial

I understand I have read the above statement and if 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 of other contact besides the parent	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 2022-2023

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

I agree to the following medications and give permission for the RECC staff to provide it to my child if needed:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Antacids |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough
Medicine | <input type="checkbox"/> (child version) |

Allergies:

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

Special Diets

Are 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 2022-2023

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?

(circle): Vision Hearing Speech Dental Other: _____

Are 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

CACFP Income Eligibility Application

Please note:

You MUST complete the included form no matter your family income. This form will NOT in any way impact your eligibility nor your child's eligibility for anything; it simply determines the rate at which we get reimbursed for programs including school meals. Thanks!

Enrolled Participant(s) Information: List ONLY your PreK and/or Early PreK child attending the Rehoboth Early Childhood Center in this area. This is the first area on the form that needs to be completed. *NOTE: If your child receives SNAP benefits, you MUST include your child's 9-digit SNAP number. Then you may skip towards the bottom of the form, sign, write in the last four digits of your social security number, and date. If your child does NOT currently receive SNAP benefits, please continue completing the form.*

Household Information: This is where you will list the REST of your family and everyone else living in the same household as your child. This is the second area on the form that needs to be completed. Please be sure that the "Total Number in Household" matches the number of people listed total including your PreK and/or Early PreK child(ren).

Household Income/Total Income: List your income either by week, month, or annually. This information is kept confidential. Again, just a reminder that this information does NOT impact your child's eligibility or your family's eligibility for ANYTHING else. It simply determines the rate at which we get reimbursed for programs and meals that we provide for your child at school.

Lastly, don't forget to sign, date, and include the last four digits of your social security number!

An incomplete CACFP form = an incomplete application packet. We will contact you for next steps in enrolling your child after your child's application packet is complete.

If you have any questions or need clarification please ask in person, call the school at (505) 863-4412, or email the Rehoboth Early Childhood Center Director Eryn Hannink at ehannink@rcsnm.org. Thank you very much!



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

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.

First: Last: First: Last:
Household member information lines

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.)

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.

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.