



# Rehoboth Early Childhood Center

## PRE-K APPLICATION 2024-2025

Return completed application and immunizations by email (preferable) to: [nsteiger@rcsnm.org](mailto:nsteiger@rcsnm.org)

Or

take the completed application packet to the Admin building

Or

to the RECC Building during school hours (until May).

**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 (check all that apply):

- |                                           |                                   |                                          |
|-------------------------------------------|-----------------------------------|------------------------------------------|
| <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 2023-2024 school year, my child was:**

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

**For Office Use Only:**

Received date & time:	<input type="checkbox"/> Health consent <input type="checkbox"/> Immunization record <input type="checkbox"/> Signed application
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# 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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Job Title

Email

Cell number

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Ethnicity (check all that apply):

Anglo

Asian

Native American

African American

Hispanic

Other

Does the child live with this parent/guardian?

Yes

No

## Parent/Guardian 2

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

First Name

Middle Initial

Last Name

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Job Title

Email

Cell number

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Ethnicity (check all that apply):

Anglo

Asian

Native American

African American

Hispanic

Other

Does the applicant live with this parent?

Yes

No

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

Another PreK parent

Advertisement

Rehoboth Christian School parent

Details: \_\_\_\_\_

Friend

In-town Preschool

Rehoboth staff

Roadway sign

Newspaper

Other: \_\_\_\_\_

Radio

### How familiar are you with our program?

I have sent another child to this program 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 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 PreK Director, Nicole Steiger by email: [nsteiger@rcsnm.org](mailto:nsteiger@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 Nicole Steiger by email.

**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: \_\_\_\_\_

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Or

take the completed application packet to the Admin building

Or

to the RECC Building during school hours (until May).

**NOTE: Your Pre-K 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 [VaxViewNM.org](http://VaxViewNM.org) 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

PRE-K 2024-2025

**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

**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, please describe:

**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

# Rehoboth Early Childhood Center

## Health Consent Form

PRE-K 2024-2025

### 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 your child transported in an ambulance?

Yes

No

### Other Concerns:

Does your child have an IEP (Individualized Educational Program)?

Yes; If yes, please send a copy of the current IEP to PreK Director, Nicole Steiger at: [nsteiger@rcsnm.org](mailto:nsteiger@rcsnm.org)

No

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

Vision

Dental

Hearing

Speech

Behavior

Other: \_\_\_\_\_

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

Yes; If yes, please explain:

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

### A reminder:

You can access your child's immunization record at [VaxViewNM.org](http://VaxViewNM.org) 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.