



Rehoboth Early Childhood Center

PRE-K APPLICATION 2023-2024

Return completed application and immunizations by email (preferable) to: 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 2022-2023 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

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.

_____ **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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Health Consent Form

PRE-K 2023-2024

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

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

Bug spray:

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

- Yes
- No, I will provide my own bug spray if needed

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Health Consent Form

PRE-K 2023-2024

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 your 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