

## New Mexico PreK Annual Enrollment Form FY23-24

Program Type: : PreK : Early PreK: : Mixed PreK

**All information should be the same as the Childcare Assistance application if applicable.**

### PreK Student Information

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_  
Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Verified by Birth Certificate:  Gender:  Male  Female

**When choosing Ethnicity, please remember that this is where the child was born.**

Ethnicity: (**Circle One**), Ghanian, Irish, Kenyan, Mongolian, New Zealander, Polish, Russian, Swedish, Afghan, African, American, Arab, Argentinian, Armenian, Asian Indian, Australian, Austrian, Bangladeshi, Belgian, Brazilian, British Canadian, Bulgarian, Burman, Cambodian, Central American, Chinese, Creole, Croatian, Cuban, Czech, Danish, Dominican, Dutch, English, Eskimo, Filipino, Finnish, French, French Canadian, Georgian, German, Greek, Hispanic, Japanese, Korean, Laotian, Mexican, Norwegian, Puerto Rican, Roma, Romanian, Thai, Vietnamese, Other, Decline to Identify. **If families chose other or decline it needs to be explained why in the comments:** \_\_\_\_\_

Hispanic:  Yes  No Primary Language: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Race One: (**Circle one**) American Indian/Alaskan Native, Asian, Black or African American, White, Native Hawaiian, other/Decline to identify:

**If families chose other or decline to identify it needs to be explained why in the comments:** \_\_\_\_\_

Supplement Funding:  Part-time subsidy  Full-Time Subsidy  Private Pay  Special Education

Homeless:  Yes  No

Mailing Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Click here if the Physical Address is the same as Mailing Address**

Physical Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long at this current address? \_\_\_\_\_



School District: \_\_\_\_\_

Elementary School your child will attend for kindergarten: \_\_\_\_\_

Current IEP:  Yes  No    Need Referral:  Yes  No    Referral Type: \_\_\_\_\_

I verify that the information provided in this application is accurate as of today's date: \_\_\_\_\_

Program Printed Name: \_\_\_\_\_ Program Signature: \_\_\_\_\_

Parent/Guardian Printed: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

