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: _______________________

Revised 1/30/2023 PB