

ALPHA SCHOOL, INC.

Alpha School – Alpha Tots – Alpha Babies

Dear Parents,

Enclosed is a copy of the **2026- 2027** Alpha School Registration Materials.

Please return the following items with your registration:

- A completed Application Form
- A completed Admission Record Form
- A completed Physician's Statement
- A copy of Immunization Records
- Permission for Sunscreen, Insect Repellant & Photographs
- A Child Information Sheet
- A completed CACFP / Income Eligibility Form
- CACFP Enrollment Information Form
- A signed Parent Handbook Form (**During Parent/Teacher Conference*)
- A \$100 Registration Fee is Required (***New Families Only***)

Your enrollment will be complete *only* after returning a COMPLETED PACKET (**ALL FORMS**). You will receive your **Parent Handbook** and **School Calendar** at Open House or during your initial parent-teacher conference. The Parent Handbook/Calendar will also be available in Brightwheel.

Thank you,

Ray Jaramillo –Owner/Director
jaramilloray1@yahoo.com
575-527-1313

ALPHA SCHOOL, INC.

Application Form July 2026 – June 2027

Child's Name _____

Parent's Name _____

Address _____

Home Telephone () _____ **Cell** () _____

Child's Birth Date ____ / ____ / ____ **Age of Child** _____

STATEMENT OF INTENT

Please circle your child's class

Alpha Babies/Tots/School:

Infant Mobile Infant/Toddler Toddler (2's) Kinder Club

I intend to enroll my child in Alpha School Inc. for the school year:

JULY 2026 THROUGH JUNE 2027

Or upon termination by either party

* A registration fee of \$100.00 per family is required for new families only and must be submitted with this application. This fee will secure your child's place in our program.

Please note: The registration fee is non-refundable.

I intend to fully participate in Alpha School and agree to comply with all program requirements to maintain my child's placement.

Parent Signature: _____ Date: _____

Admission Record

TO BE COMPLETED BY PARENT, GUARDIAN, OR OTHER RESPONSIBLE PERSON

Child's Name	_____			Zip Code	_____
Home Address	_____			Gender	Male Female
Home Number	() _____				<i>please circle</i>
Child's Birth Date	Month	Day	Year	Age of Child	_____
Parent Name	_____			Parent Name	_____
Social Security # Required	-----			Social Security # Required	-----
Employer	_____			Employer	_____
Work Phone#	_____			Work Phone#	_____
Cell Phone #	() _____	-	_____	Cell Phone #	() _____ - _____
E-mail Address	-----			E-mail Address	-----

Allergies / Medical Condition ***Must be accompanied by a physician statement - Thank you***

EMERGENCY CONTACTS

Emergency Contact # 1	Emergency Contact # 2	Other Than Parents
Name _____	Name _____	
Home/Wk. Phone _____	Home/Wk. Phone _____	
Cell Number _____	Cell Number _____	
Emergency Contact # 3	Authorized Pick-Up (list Names)	
Name _____	1 _____	
Home/Wk. Phone _____	2 _____	
Cell Number _____	3 _____	
Family Doctor: -----	4 _____	
Family Dentist: -----		
Family Hospital: _____	Circle One	Three Crosses Regional
	Memorial Medical Center	Mountain View Hospital

PARENTS MUST SIGN AND DATE:

Consent for Emergency Treatment

I give permission for my child to be transported by ambulance, aid car, or staff car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately or advisable by the physician to safeguard my child's health. I agree to pay all costs of transportation and emergency medical treatment.

Parent Signature

Date

Date of Enrollment -----

Date of Disenrollment -----



CHILD INFORMATION SHEET

Child's Name _____

Language spoken at home _____

Brothers / Sisters _____ Ages _____

Other adults in home _____ Pets _____

Other group experiences _____

Describe your child's personality _____

Any fears, anxieties _____

Parents, do you have any special talents?? Can you help on field trips or parties?? _____

Infants / Toddlers

Please tell us about the following:

Your child's birth: _____

Eating patterns: _____

Sleeping patterns: _____

How does your child like to be comforted? _____

How did you hear about Alpha School? _____



Child's Name _____ Date: ____/____/2026

Parental Permission for Sunscreen and Insect Repellent

In accordance with recommendations from the National Academy, children are required to be protected from sun exposure by using sunscreen or sunblock with UVA and UVB protection and an SPF of 15 or higher applied to exposed skin.

When public health authorities recommend the use of insect repellent due to a high risk of insect-borne diseases, only repellents containing DEET will be used and applied to children over two months of age.

I give permission for my child to have sunscreen and insect repellent applied as needed.

Parent/Guardian Signature: _____

Date: _____

Permission to Photograph

I give permission for Alpha School Inc. to photograph my child. I understand that these photographs are for Alpha School use only and will not be made public without my written consent. Photos may be used for student portfolios, crafts, classroom decoration, and internal communication with families through Brightwheel.

I give permission to photograph my child.

Parent/Guardian Signature: _____

Date: _____

Parent(s) Signature _____



Child & Adult Care Food Program (CACFP) Enrollment Information

Child's Name _____

Date of Enrollment: ____/____/____

Typical days your child will be attending: (please check)

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

Typical Hours your child will be attending: (for example. 8:00-3:00 pm)

- Monday _____: _____ - _____: _____
- Tuesday _____: _____ - _____: _____
- Wednesday _____: _____ - _____: _____
- Thursday _____: _____ - _____: _____
- Friday _____: _____ - _____: _____

Typically, your child will be provided the following meals:

- Breakfast _____
- Lunch _____
- PM Snack _____

Parent Signature: _____ **Date:** _____



**Child and Adult Care Food Program
LETTER TO HOUSEHOLDS**



Name of Facility / Center / Site / Alpha School for Young Children, Inc.	EPICS # 4000058	Phone Number 575-527-1313
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Instructions: This letter must accompany the Income Eligibility Application. Dear

Clear

Parent / Guardian or CACFP Participant:

Alpha School for Young Children, Inc.

Participates in the Child and Adult Care Food Program (CACFP) administered by the United States

Name of Sponsor/Facility / Center /

Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meals free of charge, but the eligibility category determination affects the federal funding we receive. Foster Children: A foster child enrolled in our program, which is the legal responsibility of a welfare agency or court, may be certified as eligible for free meals regardless of the household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

SNAP - Supplemental Nutrition Assistance Program (formerly the Food Stamp Program): If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a childcare center you need only to list the case number sign and date the form.

If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid, or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an Adult Daycare Center; then you need only to list their case number sign and date the form. Otherwise, an adult household member must complete the form and disclose the total current household income by source and the names of all household members. The person completing the form must sign, provide a social security number, and date when completed.

The income you report must be last month's total gross household income listed by source for each household member. If last month's income does not accurately reflect your circumstances, you may provide your annual income or use last year's income if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, your provider may qualify for maximum reimbursement rates. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

**INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2025 TO June 30, 2026)**

HOUSEHOLD SIZE	FREE				REDUCED			
	YEAR	MONTH	Every 2 WEEKS	WEEK	YEAR	MONTH	Every 2 WEEKS	WEEK
1	20,345	1,696	783	392	28,953	2,413	1,114	557
2	27,495	2,292	1,058	529	39,128	3,261	1,505	753
3	34,645	2,888	1,333	667	49,303	4,109	1,897	949
4	41,795	3,483	1,608	804	59,478	4,957	2,288	1,144
5	48,945	4,079	1,883	942	69,653	5,805	2,679	1,340
6	56,095	4,675	2,158	1,079	79,828	6,653	3,071	1,536
7	63,245	5,271	2,433	1,217	90,003	7,501	3,462	1,731
8	70,395	5,867	2,708	1,354	100,178	8,349	3,853	1,927
FOR EACH ADDITIONAL FAMILY MEMBER	+7,150	+596	+275	+138	+10,175	+848	+392	+196

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, 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. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(AD-3027\)](#) found online at [How to File a Complaint](#) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Ray Jaramillo, M.S.ECed.

Name of Sponsor / Center Representative

Signature of Sponsor / Center Representative

Date



Child and Adult Care Food Program
INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM



Name of Sponsor / Center / Site Alpha School for Young Children, Inc.	EPICS # 4000058	Phone Number 575-527-1313
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PARTICIPANT INFORMATION:

List all enrolled participants you are applying for who are in care. List

each enrolled participant's date of birth.

If you are applying for a foster child, list only one foster child on each form. A foster child may be eligible for free meals regardless of household income.

Child Care Centers: If the participant enrolled is in a Child Care Center and receives benefits through Supplemental Nutrition Assistance (SNAP) (*formerly food stamps or Food Distribution Program on Indian Reservation (FDPIR)*), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

Adult Day Care Centers: If the participant enrolled is in an Adult Daycare Center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (Household and Income information).

HOUSEHOLD AND INCOME INFORMATION

Not required to be completed if case# is provided above.

List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses).

Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing

the application. Reported income needs to be reported on the same. The income reported on the application must include all income before taxes and

before other deductions.

A foster child is defined as a ward of the court or welfare agency. Only the foster child's "personal use" income is listed.

Personal use income includes:

- Funds that are specified by the welfare agency as being for the personal use of the child. (If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income.)
- Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE _____ Date _____

The adult family member completing the application must sign and date the application.

If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.

If you do not have a social security number, check the "box" provided. Otherwise, failure to provide the social security number (if you have one) will make the Income Eligibility Application invalid and will reduce the level of CACFP reimbursement your family's Child Care Center receives for meals served to the children and/or adult participants enrolled for care in their center.



Child and Adult Care Food Program
INCOME ELIGIBILITY APPLICATION



Sponsor /Facility Alpha School for Young Children, Inc.	EPICS ID: 4000058
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, 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. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html at any USDA office, or write a letter addressed to USDA and provide the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Child Care Centers: To apply for FREE meals - If you are receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. **DO NOT** complete other Household Members or income information.

****Adult Day Care:** To apply for FREE meals - If the enrolled participant household is the recipient of the Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, SSI, and/or Medicaid case number and sign the form. **DO NOT** complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)				Benefit Information (If applicable, check the type of benefit & provide the required case number)	
First and Last Name	If foster Child Check here	Date of Birth:	Age	*Child Care Centers Only-check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	**Adult Care Centers Only- check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED
	<input type="checkbox"/>			*Case Number:	**Case Number:
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Foster Child (complete if a foster child is enrolling for care)

Check this box if this application includes a foster child. List the amount of the child's "personal use" monthly income.

All Other Household Members List the first and last names of each person living in your household, related or not (such as grandparents, relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

First and Last Name	First and Last Name

Total Number in Households: _____

Household Income (Please indicate the 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. If you receive more than one check from any of these sources, please indicate the total monthly amount received.)

Wages, Salary: \$ _____	Child Support (Alimony): \$ _____	Social Security: \$ _____
Pension or Retirement: \$ _____	Unemployment: \$ _____	Other Income: \$ _____

If necessary, convert multiple income schedules to annual income (Multiply weekly income by 52, biweekly by 26, monthly by 12)

Total Income: \$ _____ Weekly Monthly Annually (Check one)

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true, the food stamp or FDPIR number is correct, or 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 that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

<input type="text"/> Last Four Digits of Social Security Number*	Check if no SS# <input type="checkbox"/>	<input type="text"/> Date
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Signature of Adult Family Member

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. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or FDPIR office to determine current certification for receipt of SNAP (food stamp) or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to verify the amount of income received. These efforts may result in a loss or reduction of or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

For Sponsor Use Only			
<input type="checkbox"/> Child Day Care Center	<input type="checkbox"/> Adult Day Care Center	<input type="checkbox"/> Approved Free	<input type="checkbox"/> Approved Reduced <input type="checkbox"/> Paid
Name of Sponsor Alpha School for Young Children, Inc.	Name of Person Approving Form	Approving date	Date Disenrolled