

New Mexico **Pre-K** – (Full Day-Extended)

Dear Parents,

Enclosed, you will find a copy of the **July 2026 – June 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
- NM PreK Annual Enrollment Form
- A signed Parent Handbook Form (\*During Home Visit)

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, –Director  
Alpha School Inc.  
[jaramilloray1@yahoo.com](mailto:jaramilloray1@yahoo.com)

ALPHA  SCHOOL, INC.

Application Form **2026–2027**  
New Mexico **Pre-K** (Extended Plus)

**Child's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Home Telephone** ( ) \_\_\_\_\_ **Cell** ( ) \_\_\_\_\_

**Child's Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age of Child** \_\_\_\_\_

**STATEMENT OF INTENT**

(Must be 4-yrs-old by September 1<sup>st</sup>)

**Alpha School New Mexico Pre-K:**

**PreK**

**8:30 – 3:30 pm**

**Monday-Friday**

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

**July 2025 – June 2026**  
Or upon termination by either party

I intend to fully participate in the New Mexico Early Pre-K program at Alpha School and agree to comply with all program requirements to maintain my child's placement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Admission Record	Pre-K (4 yr. old- Extended)
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TO BE COMPLETED BY PARENT, GUARDIAN, OR OTHER RESPONSIBLE PERSON

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

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

EMERGENCY CONTACTS

Other Than Parents

<b>Emergency Contact # 1</b>	<b>Emergency Contact # 2</b>
Name	Name
Home/Wk. Phone	Home/Wk. Phone
Cell Number	Cell Number
<b>Emergency Contact # 3</b>	<b>Authorized Pick-Up (list Names)</b>
Name	1
Home/Wk. Phone	2
Cell Number	3
Family Doctor: .....	4
Family Dentist: .....	
Family Hospital: .....	

Circle One  
Memorial Medical Center

Three Crosses Regional  
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



# New Mexico *Pre-K* 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 \_\_\_\_\_  
\_\_\_\_\_

What school will your child attend Kindergarten (District)?  
\_\_\_\_\_  
\_\_\_\_\_

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

How did you hear about Alpha School and/or the New Mexico Pre-K Program?  
\_\_\_\_\_  
\_\_\_\_\_



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: \_\_\_\_\_

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### **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: (ex. 8:00-1:00)**

- Monday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Tuesday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Wednesday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Thursday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Friday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_

**Typically, your child will be provided the following meals:**

- Breakfast \_\_\_\_\_
- Lunch \_\_\_\_\_
- PM Snack \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Physician Statement:

*The physician must complete this Portion.*

Alpha School Inc  
1205 E. Madrid Ave  
Las Cruces, NM 88001

575-527-1313

**DPT:**

	Date	
#1	2 Months	
#2	4 Months	
#3	6 Months	
#4	15-18 Months	

**HEP:**

	Date
#1	At Birth
#2	1-2 Months
#3	6-18 Months

**Polio:**

	Date	
#1	2 Months	
#2	4 Months	
#3	15-18 Months	
#4	4-6 years	

**HIB:**

	Date
#1	2 Months
#2	4 Months
#19	After 15 months

**PPD:** Date \_\_\_\_\_

**MMR:**

#1	
#2	

Results:

	Date
Dental Screening	
Hearing Screening	
Vision Screening	

Results

***Any allergies or special consideration / recommendations:***

**Height**

**Weight**

**Physician Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**Date** \_\_\_\_\_

I hereby certify that \_\_\_\_\_ (child's name) has been examined by me and is physically and mentally capable of attending and participating in the activities at Alpha School Inc.

Physician's Signature \_\_\_\_\_



Child and Adult Care Food Program
LETTER TO HOUSEHOLDS



Table with 3 columns: Name of Facility / Center / Site / Alpha School for Young Children, Inc., EPICS # 4000058, Phone Number 575-527-1313

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.

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 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.

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

Table with 9 columns: HOUSEHOLD SIZE, YEAR, MONTH, Every 2 WEEKS, WEEK, YEAR, MONTH, Every 2 WEEKS, WEEK. Rows include household sizes 1-8 and an additional family member row.

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.

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 <b>Alpha School for Young Children, Inc.</b>	EPICS # <b>4000058</b>	Phone Number <b>575-527-1313</b>
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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 <b>Alpha School for Young Children, Inc.</b>	EPICS ID: <b>4000058</b>
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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](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](mailto: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.

\_\_\_\_\_  
Signature of Adult Family Member

Last Four Digits of Social Security Number\*
  Check if no SS#
Date

**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	Name of Person Approving Form	Approving date	Date Disenrolled	
Alpha School for Young Children, Inc.				