

New Mexico PreK Annual Enrollment Form FY24-25

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

Program Type: :PreK : PreK Plus : Early PreK : Early Plus : Mixed PreK : Mixed Plus
: Head Start Dual Enrollment : Head Start Blended Enrollment

PreK Student Information

Legal First Name: _____ Legal Middle Name: _____ Legal Last Name: _____
Suffix: _____

Date of Birth: _____ Verified by Birth Certificate: Gender: Male Female

Ethnicity: (Circle One) – Colombian, Ghanaian, Guatemalan, Iranian, Irish, Jamaican, Kenyan, Lebanese, Mongolian, Nepalese, Nepali, New Zealander, Nigerian, Polish, Punjabi, Russian, Swedish, Afghan, African, American, Arab, Argentinian, Armenian, Asian Indian, Australian, Austrian, Bangladeshi, Belgian, Brazilian, British Canadian, Bulgarian, Burman, Cambodian, Canadian, Central America, Chinese, Creole, Croatian, Cuban, Czech, Danish, Dominican, Dutch, English, Eskimo, Filipino, Finnish, French, French Canadian, Georgian, German, Greek, Hispanic, Laotian, Mexican, Norwegian, Puerto Rican, Roman, Romanian, Thia, Vietnamese. Other: _____

Decline to Identify - If families chose other or decline, it needs to be explained why in the comments.

****Program cannot choose Other or Decline to Identify for all children****

Hispanic: Yes No Primary Language: _____

Tribal Affiliation: _____

Race One: (Can choose more than one) American Indian/Alaskan Native, Asian, Black or African American, White, Native Hawaiian, Other: _____

Decline to identify: If families chose other or decline, it needs to be explained in comments.

****Program cannot choose Other or Decline to Identify for all children****

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.

Families Must Sign Off on Enrollment Form

Parent/Guardian Printed: _____

Parent/Guardian Signature: _____ Date: _____

Program Printed Name: _____

Program Signature: _____ Date: _____