



# **McCurdy Ministries Pre-K Program 2025-2026 Packet**

**Greetings!**

**Welcome to the 2025-2026 school year!**

**We are pleased to welcome you and your child to participate in the McCurdy Schools of Northern NM Pre-K program.**

**We consider it a privilege to be able to partner with you in giving your child a great start that will serve as a strong foundation for the rest of his/her school career.**

**New Mexico Pre-K is a voluntary program funded by the state of New Mexico with oversight by the New Mexico Early Childhood Education and Care Department (ECECD) where children learn skills they need to be successful when they go to Kindergarten.**

**Please fill out the following packet and return it to our business office once you have all the necessary required documentation.**

**Thank you!**

## **McCurdy Ministries Pre-K Registration Checklist 2025-2026 School Year**

- ☐ **Registration Form**
- ☐ **Contract**
- ☐ **Computer Use Guidelines**
- ☐ **Photo/Video Release Form**
- ☐ **Pick-Up/Drop-Off Authorization Form**
- ☐ **Civil Rights Data Collection**
- ☐ **Student Medical History (completed by parent)**
- ☐ **Medical Exam Form (to be completed by medical professional *after May 1, 2025*)**
- ☐ **Emergency Form**
- ☐ **Income Eligibility Application for Meal Program**
- ☐ **Copy of Birth Certificate**
- ☐ **Last Dental Exam**
- ☐ **Immunization Record**

## **Safe Gatherings Training Required**

**To ensure the safety of the children in our care and in our community, all parents, guardians, grandparents, or other family members who wish to volunteer in the classroom will be required to complete our Safe Gatherings training two weeks prior to volunteering.**

**All McCurdy Ministries staff and volunteers receive this training and certification.**

**If you have any questions, please feel free to contact the Business Office at [businessoffice@mccurdy.org](mailto:businessoffice@mccurdy.org) or call 505-753-7221, ext. 264.**

# McCurdy Ministries Pre-K

## Registration Form 2025-2026 School Year

### **STUDENT INFORMATION:**

**Full Legal Name:** \_\_\_\_\_

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

**City/ZIP:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Where will your child be attending Kindergarten?** \_\_\_\_\_

**How did you learn about McCurdy Schools of Northern New Mexico Pre-K?** \_\_\_\_\_

### **FAMILY INFORMATION:**

#### **Parent/Legal Guardian**

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

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

**Home Phone**\_\_\_\_\_

**Work Phone**\_\_\_\_\_

**Cell Phone**\_\_\_\_\_

**E-mail**\_\_\_\_\_

**Place of Employment**\_\_\_\_\_

#### **Parent/Legal Guardian**

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

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

**Home Phone**\_\_\_\_\_

**Work Phone**\_\_\_\_\_

**Cell Phone**\_\_\_\_\_

**E-mail**\_\_\_\_\_

**Place of Employment**\_\_\_\_\_

**Physical Address for Home Visits (include directions)**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION:**

**Primary language spoken at home**\_\_\_\_\_

**Check if applicable:**      ☐ **Father Deceased**      ☐ **Father Remarried**      ☐ **Parents Divorced**  
                                 ☐ **Mother Deceased**      ☐ **Mother Remarried**      ☐ **Parents Separated**  
                                 ☐ **Legal Guardian(s)**      ☐ **Single Parent**  
                                 ☐ **Lives with Grandparent/Other family member**

**If parents are divorced/separated:**

**Who has primary custody?**\_\_\_\_\_

**With whom does the applicant live?**\_\_\_\_\_

**Would you like school mailings to go to both of the addresses above?**\_\_\_\_\_

**Any other special circumstances that it would be helpful to be aware of?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**\_\_\_\_\_

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

**Parent/Guardian Signature**\_\_\_\_\_

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

**McCurdy Ministries Pre-K**  
**CONTRACT for Academic Year 2025-2026**  
***(Please Read Carefully Before Signing)***

**THIS CONTRACT made and entered into by and between McCurdy Schools of Northern New Mexico (DBA McCurdy Ministries) Pre-K and**

**\_\_\_\_\_ , the parent(s)/guardian(s) of the named student, properly signed, acknowledges the agreement of McCurdy Ministries Pre-K to accept the named child,**

**\_\_\_\_\_ as a Pre-K student for the school year 2025-2026.**

**By registering at McCurdy Ministries Pre-K, the student together with their parent(s)/guardian(s) indicate their willingness to accept and observe the school's academic, disciplinary and financial regulations.**

***Note: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.***

**IN CONSIDERATION of the covenants, conditions, and provisions herein contained, it is agreed by the parties as follows:**

**McCurdy Ministries Pre-K agrees to:**

- 1. Provide student instruction as prescribed by the state of New Mexico Early Childhood Education and Care Department (ECECD).**
- 2. Provide a safe environment to promote learning.**
- 3. Attempt to notify parent(s)/guardian(s) immediately of emergency conditions.**

**Parent(s)/Guardian(s) agrees to:**

- 1. Complete and submit prior to start of the school year, the Emergency Information Card and the Health Immunization form, and to keep immunizations up to date.**
- 2. Provide a physician's authorization form if the named Student is required to carry an inhaler.**
- 3. Provide a physician's letter with detailed information if there is a dietary restriction due to allergies that would prohibit the child from adhering to the CACFP nutrition guidelines for meal patterns, with alternative substitutions.**
- 4. Allow McCurdy Ministries Pre-K to suspend, expel or dismiss the named student for disobedience of the rules and regulations of the school.**
- 5. Allow McCurdy Ministries Pre-K to take the named student to the hospital for emergency conditions, and to allow the attending physician to perform such medical procedures the physician deems necessary.**
- 6. Release and hold harmless McCurdy Ministries Pre-K, its agents and employees from all claims, damages or other liabilities for injuries to the named student, unless injury results from gross negligence on the part of the school.**
- 7. Hold McCurdy Ministries Pre-K harmless in case of loss, theft or destruction of the named student's property that has been brought to campus.**
- 8. Allow McCurdy Ministries Pre-K to search the named student and their property, including but not limited to a backpack, and/or storage space.**

9. **Read, sign and abide by the terms of this contract and the school regulations and policies as explained in the Student Handbook, and any other Ministry publications, as amended from time to time.**
10. **Allow McCurdy Ministries Pre-K to use the named student's picture for promotional purposes.**
11. **Bring the student to Pre-K, ensuring and encouraging regular attendance and helping the student to apply diligent effort to demonstrate academic progress.**

**Date \_\_\_\_\_ Parent(s)/Guardian(s) \_\_\_\_\_**

**Date \_\_\_\_\_ Parent(s)/Guardian(s) \_\_\_\_\_**

**Date \_\_\_\_\_ McCurdy Business Mgr \_\_\_\_\_**

**McCurdy Schools of Northern New Mexico is a registered nonprofit corporation.  
The corporation also uses the trade name McCurdy Ministries.**



**McCurdy Ministries Pre-K**  
**2025-2026 Computer Use Guidelines and Technology Agreement**  
***(Please Read Carefully Before Signing)***

**As we continue to integrate technology into our educational curriculum, it's essential to establish clear guidelines to ensure the purposeful and responsible use of our computer resources.**

**Please review the following guidelines and ensure compliance to optimize our learning environment:**

- 1. Purposeful Use:** Students are expected to use all technology equipment solely for educational assignments guided by teachers. Personal communication or leisure activities, including listening to online media unless assigned are strictly prohibited.
- 2. Supervised Sessions:** Each student will be assigned to one computer workstation per session, supervised by a staff member. This ensures focused and responsible usage.
- 3. Technology Agreement:** Prior to accessing any computer, students must have a signed technology agreement on file. This agreement outlines their commitment to responsible and appropriate technology use.
- 4. Respect Copyright Laws:** Users must adhere to copyright laws when accessing and distributing electronic information resources. This includes respecting licensing agreements and trade secrets.
- 5. Privacy and Reporting:** Students should understand that messages are not guaranteed to be private. Any messages related to or supporting illegal activities must be reported to an adult immediately.
- 6. Internet Usage:** Our Internet service is strictly for educational purposes. We utilize educational platforms such as Starfall.com, Scholastic, and ABC Mouse to enhance learning experiences.
- 7. Equipment Limitations:** Mccurdy Pre-K has access to a limited number of computers. To ensure fair access, students must adhere to the assigned schedule for computer usage.

**We appreciate your cooperation in adhering to these guidelines to create a safe and productive learning environment**

**I understand and agree to abide by the Mccurdy Ministries Pre-K Ethical use of Technology. I further understand that any violation, may mean having my child's computer access revoked.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Name of Student: \_\_\_\_\_**

## **Mccurdy Ministries Pre-K**

### **2025-2026 ECECD Photo/Video Release Form**

**The New Mexico Pre-K Program, administered by the Early Childhood Education & Care Department (ECECD) and the Public Education Department (PED) along with our Contractor, UNM Early Childhood Service Center (UNM ECSC) is asking permission to take photographs and/or to videotape your child during their time in our NM PreK classroom.**

**In order to do this, we must first have parental/guardian permission to take photographs of or film of your child. Copies may be used by ECECD, PED or UNM-ECSC in ongoing research, reports, marketing materials to promote New Mexico Pre-K, etc. Pictures/films of your child may be used for training purposes or in future professional publications.**

**For all of the above, we require your permission. If you do not want your child's photograph taken at all, you have the option of not granting your permission or not signing this authorization form.**

**Thank you for your cooperation and support.**

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**The undersigned parent or legal guardian does hereby consent for their child to be photographed or videotaped and does hereby authorize the State of New Mexico or its contractor, UNM-ECSC staff to take photographs or videotapes, which will be used for research, training, brochures, reports, marketing and the like.**

**The undersigned does hereby release the State of New Mexico or its contractor, UNM-ECSC staff from any and all claims for damages for libel, slander, invasion of the right of privacy, or any claims based on the use of said material. This includes compensation of any sort now or in the future, in the event that your child's photograph or videotape is used in any of the aforementioned materials including professional publications, marketing, training, reports, etc. developed by NM PreK and their contractor, UNM-ECSC**

**Please check the boxes ☒ that apply.**

- ☐ **I authorize my child to be videotaped and/or photographed and the use of my child's image for publication in reports, professional articles and books, professional development, and promotional/marketing materials.**
- ☐ **I do not want my child to be videotaped or photographed.**

**I CERTIFY all of the following:**

**This form has been explained to me and/or I have read the contents of this form or the contents have been read to me. I understand the contents of this form and/or the explanation of the contents of this form. All blanks or statements requiring insertion or completion were filled in and all items not applicable were stricken before I signed.**

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**NAME OF CHILD (Please print)**

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**NAME OF PARENT/GUARDIAN (Please print)**

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**DATE**

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**ADDRESS (CITY, STATE, ZIP)**

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**PHONE**

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**SIGNATURE OF PARENT/GUARDIAN**

**Mccurdy Ministries Pre-K**  
**2025-2026 Pick-Up/Drop-Off Authorization Form**

**Child/Children** \_\_\_\_\_ **Age:** \_\_\_\_\_  
\_\_\_\_\_ **Age:** \_\_\_\_\_  
\_\_\_\_\_ **Age:** \_\_\_\_\_

**The following individuals may check my child/children in or out of the McCurdy Ministries Pre-K.**

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**It would also be helpful to know the names and relationships of those who may NOT pick up your child after school. Please list the names of those individuals below.**

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

**Please fill in:** \_\_\_\_\_

<b>Parent/Guardian:</b> _____	<b>Home Phone:</b> _____
_____	<b>Work Phone:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____
_____	

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **Civil Rights Data Collection**

## **New Mexico Early Childhood Education & Care Department**

**The following information must be collected every year to meet Federal Civil Rights requirements. The Sponsor/Facility must return this to FNB - CACFP with the Renewal Application. Race and ethnicity data for enrolled children should remain confidential and should only be made available to authorized State or Federal personnel.**

### **Ethnicity:**

**A Hispanic or Latino is defined as "A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin - regardless of race." Not Hispanic or Latino is defined as all other ethnicities.**

### **Race:**

**Black or African American: A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.**

**American Indian and Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.**

**White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Persian, Moroccan, or Caucasian.**

**Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.**

**Native Hawaiian and Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.**

### **Race Select**

**Black or African American \_\_ Indian & Alaska Native \_\_ White \_\_ Asian \_\_**

**Native Hawaiian or Other Pacific Islander \_\_**

### **Ethnicity Select**

**Hispanic or Latino \_\_ Non-Hispanic or Latino \_\_**

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**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

**McCurdy Ministries Pre-K**  
**2025-2026 Student Medical History Form**

**THIS SIDE TO BE COMPLETED BY PARENT OR GUARDIAN AT REGISTRATION**

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

**Parents/Guardians:** \_\_\_\_\_

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

**Home Phone** \_\_\_\_\_ **Parent/Guardian Work/Cell Phone** \_\_\_\_\_

**Additional Parent/Guardian Work/Cell Phone** \_\_\_\_\_

**Has your child had any of the following? Check each item, yes or no. (If yes, make a comment below).**

	Yes	No		Yes	No
<b>Rheumatic fever</b>			<b>Frequent sore throats</b>		
<b>Asthma-lung disease</b>			<b>Diabetes in the family</b>		
<b>Heart disease or murmur</b>			<b>Under doctor's care now</b>		
<b>Had a seizure or convulsion</b>			<b>Takes medication now</b>		
<b>Pain or stiffness in the neck</b>			<b>Wears contact lenses</b>		
<b>Migraine headaches</b>			<b>Concussion/head injury</b>		
<b>Blurred vision or spots in front of eyes</b>			<b>Had any operations or hospitalizations</b>		
<b>Hearing problem/ear infections</b>			<b>Broken bones</b>		
<b>Allergies</b>			<b>Emotional problems</b>		
<b>Anemia</b>			<b>Mumps</b>		
			<b>Chickenpox</b>		

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Parent or Guardian**

**INSURANCE INFORMATION**

\_\_\_\_\_  
**Name of Insurance**

\_\_\_\_\_  
**Policy Number**



**McCurdy Ministries Pre-K**  
**2025-2026 Student Medical Examination Form**

**NOTE: ONLY THIS FORM MAY BE ACCEPTED. FORM MUST BE COMPLETED BY A MEDICAL PROFESSIONAL AFTER MAY 1<sup>st</sup> OF THE YEAR OF ENROLLMENT (no earlier than May 1, 2025)**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Height** \_\_\_\_\_ **Blood Pressure** \_\_\_\_\_ **Vision** **R**\_\_\_\_ **L**\_\_\_\_

**Weight** \_\_\_\_\_ **Pulse** \_\_\_\_\_

**Urinalysis** \_\_\_\_\_ **Hematocrit** \_\_\_\_\_ **Corrected Vision** **R**\_\_\_\_ **L**\_\_\_\_

**Auditory** **R**\_\_\_\_ **L**\_\_\_\_

**Date of last dental check-up** \_\_\_\_\_ **Name of dentist** \_\_\_\_\_

**Copy of dental visit** \_\_\_\_\_

	Normal	Abnormal	Describe abnormal findings
General Appearance			
Speech			
Skin			
EENT			
Lungs			
Heart			
Abdomen			
Genitalia			
Musculoskeletal			
Neurological			
Psychiatric			
Endocrine			

**Impressions and/or remarks:**

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**Recommendations and/or restrictions:**

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**Follow-up Notes:**

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**Date of Exam:**

**Signature of Examining Doctor**





## **McCurdy Ministries Pre-K 2025-2026 STUDENT DRESS CODE**

**Shirts, blouses, tops, T-shirts and knit tops are all acceptable with the following exceptions:**

- All tops are to have covered backs.
- Necklines may not be lower than one horizontal hand-width measured from the collarbone.
- Cutoff tops, tank tops, t-shirt type strap shirts, or spaghetti strap tops are not allowed. No skin should show at the midriff or back at any time, whether sitting or standing.
- Shirts must be longer than the waistline, but no longer than the fingertips.
- Shirts longer than the fingertips should be tucked in.
- Sleeveless shirts or tops are not allowed unless worn with a T-shirt with sleeves underneath.
- Shirt sleeves must be at least one horizontal hand-width long measured from the top of the shoulder.
- Mesh shirts, see-through or netted tops are not allowed.

**Pants, jeans, trousers, slacks, or shorts are all acceptable with the following exceptions:**

- Pants must be worn at the waistline, and underwear should not be exposed.
- Pelvic bones and area are not to be visible at any time.
- Extremely large or oversized pants are not allowed.
- Shorts are to be no shorter than one vertical hand-width measured from the top of the knee.

**Dresses and skirts, including slits, are to be no shorter than one horizontal hand-width measured from the top of the knee. Please be mindful to wear shorts or tights underneath dresses/skirts as we sit criss-cross at circle time.**

**The following are *not* allowed:**

- Sleepwear, pajamas, pajama pants or pajama tops.
- Revealing, suggestive clothing or clothing with inappropriate language, images, or symbols.
- Frayed, ragged, or torn clothing.
- Too-tight or snug-fitting clothing, including spandex-type material or other tight-fitting tops or bottoms—your child should be able to move freely and comfortably in their clothing.
- Caps or hats are not to be worn indoors except with a medical excuse.
- Sunglasses are not to be worn indoors.
- Flip-flops, high heels, slip-ons, crocs-type sandals, wheeled or light-up shoes.

**Hair should be neatly combed and clean.**

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***In addition, please remember:***

**Your child should be able to button, snap, and zip their own clothes.**

**Part of your child's Pre-K experience is learning how to hop, skip, jump, twirl, and gallop, so we recommend comfortable, closed-toed shoes that fit properly. Clothing that is too tight, too loose, or too long will inhibit your child's ability to play. Your child should be comfortable with movement at all times. Also, please check your child's shoestrings regularly.**

**Always dress appropriately for the weather.**

**Children will get dirty!**

**Each child will need to bring two extra changes of clothes: 4 pairs of socks, 4 pairs of underwear, 2 pairs of pants, and 2 shirts/tops. One set of clothing will be stored in a plastic shoe box container and used in case of spills, painting messes, or toilet accidents. The other will be placed in large Ziploc bags, labelled, and stored in a disaster preparedness/emergency box.**



**McCurdy Ministries Pre-K**  
**2025-2026 STUDENT EMERGENCY FORM**

**STUDENT INFORMATION – (Please print legibly)**

<b>NAME (Last, First, MI)</b>	<b>AGE</b>	<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>ETHNICITY</b>	<b>STUDENT LIVES WITH:</b>

**PARENT/GUARDIAN INFORMATION – (Please print legibly)**

<b>PARENT NAME</b>	<b>PHYSICAL ADDRESS</b>	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>	<b>CELL PHONE #</b>
<b>PARENT NAME</b>	<b>PHYSICAL ADDRESS</b>	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>	<b>CELL PHONE #</b>
<b>GUARDIAN NAME</b>	<b>PHYSICAL ADDRESS</b>	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>	<b>CELL PHONE #</b>

**EMERGENCY INFORMATION (NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY)**

<b>NAME / RELATIONSHIP</b>	<b>HOME PHONE #</b>	<b>WORK PHONE #</b>	<b>CELL PHONE #</b>	<b>E-MAIL ADDRESS</b>

**PLEASE COMPLETE BOTH SIDES OF THE EMERGENCY FORM**

**ALLERGIES OR MEDICAL CONDITIONS**

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**FAMILY PHYSICIAN – NAME AND PHONE NUMBER**

**FAMILY DENTIST – NAME AND PHONE NUMBER**

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**If parent/guardian has no preference, the student will be taken for emergency medical care. It is understood that I will pay for any emergency transportation or care unless the costs are otherwise covered by insurance. If a parent/guardian cannot be reached, the student will be accompanied by a school administrator.**

**I give my permission for medical:    Transportation   YES\_\_\_\_\_    NO\_\_\_\_\_                      Treatment   YES\_\_\_\_\_    NO\_\_\_\_\_**

**I give my permission for my child to be transported for illegal substance testing or screening if deemed necessary. I understand that I am responsible for any fees incurred.        YES\_\_\_\_\_        NO\_\_\_\_\_**

\_\_\_\_\_  
**Parent/Guardian Name(s)**

\_\_\_\_\_  
**Parent/Guardian Signature**

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



Child and Adult Care Food Program  
INCOME ELIGIBILITY APPLICATION



Sponsor / Facility

McCurdy Schools of Northern New Mexico

EPICS ID:

1000817

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 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 Fee	<input type="checkbox"/> Approved Reduced	<input type="checkbox"/> Paid
Name of Sponsor	Name of Person Approving Form	Approving date	Date Disenrolled	
McCurdy Schools of Northern New Mexico				