

New Mexico PreK Registration Form

School Year: 2026–2027

Site Information

Program Name: **The Sunnyside Academy**

Site Address: 201 N Mesa St

City/Zip: Carlsbad, NM 88220

Phone Number: 575-725-5608

PreK Director/Coordinator Name: Dallas Silva



Email: Sunnysidedirector@outlook.com

Child Information

Full Legal Name: _____ Gender: Male Female

Date of Birth: ____ / ____ / ____ Age as of September 1, 2026: _____

Primary Language: _____ Other Languages Spoken at Home: _____

Parent/Guardian Information

Primary Parent/Guardian

Full Name: _____ Relationship to Child: _____

Phone Number: _____ Email: _____

Home Address (if different from child): _____

Employer: _____ Work Phone: _____

Secondary Parent/Guardian (if applicable)

Full Name: _____ Relationship to Child: _____

Phone Number: _____ Email: _____

Home Address (if different from child): _____

Employer: _____ Work Phone: _____



Documentation Checklist (Submit with this form)

- Child's Birth Certificate
- Current Immunization Record
- Proof of Residence (e.g., utility bill, lease)
- Income Verification
- Custody Documentation (if applicable)
- IEP/IFSP (if applicable)

Note: Income verification is not required for enrollment, but priority is given to children who are low income or experiencing homelessness. Families may choose to submit documentation such as tax returns or SNAP/Medicaid benefit letters to support eligibility.

Once enrolled, all families are required to complete an Income Eligibility Form annually as part of our participation in the Child and Adult Care Food Program (CACFP).



Medical & Developmental History _____ (Please Initial)

Does your child have allergies? Yes No If yes, please explain:

Any medical conditions or medications? _____

Does your child have a diagnosed disability? Yes No If yes, please provide documentation.

Has your child received early intervention services (FIT, etc.)? Yes No

Toilet trained? Yes No

Any speech or developmental concerns? _____



Transportation/Pick Up: _____ (Please Initial)

Transportation is not provided.

Due to our facility transitioning to a childcare center model, fees apply for late pickup. It is the responsibility of the parent/guardian to ensure timely drop-off and pick-up daily.



Parent/Guardian Agreement _____ (Please Initial)

I certify that the information provided is true and complete to the best of my knowledge. I understand that this is a state-funded program and agree to adhere to all policies regarding attendance, required documentation, and family involvement.

I understand that failure to adhere to New Mexico PreK regulations, including but not limited to providing required documentation, completing necessary forms, or failing to comply with facility (The Sunnyside Academy) policies, procedures, or regulations, may result in dismissal from the program.

Parent/Guardian Completing Form: (printed name) _____

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

New Mexico PreK Program - Household Income Verification Form

Why We Are Requesting This Information

The Sunnyside Academy participates in the New Mexico PreK Program, which requires programs to prioritize enrollment for children from low-income households or those experiencing homelessness.

Income verification is not required for enrollment. The Sunnyside Academy's PreK program is not an income-determined program, and a family does not need to be in a low income category in order to enroll. Families may choose to share general household income information so we can appropriately determine eligibility for priority placement and ensure we are meeting state guidelines.

All information provided is kept confidential and used only for program eligibility and reporting purposes.

Child Information

Child's Name: _____

Date of Birth: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Total Number of People Living in Household (including children): _____

Household Income

Please check the box that best represents your **total annual household income before taxes**:

- | | |
|---|--|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> \$80,001 – \$100,000 |
| <input type="checkbox"/> \$0 – \$25,000 | <input type="checkbox"/> \$100,001 – \$125,000 |
| <input type="checkbox"/> \$25,001 – \$40,000 | <input type="checkbox"/> \$125,001 – \$150,000 |
| <input type="checkbox"/> \$40,001 – \$60,000 | <input type="checkbox"/> \$150,000 + |
| <input type="checkbox"/> \$60,001 – \$80,000 | |

Optional Supporting Information

Families may choose to provide documentation to support eligibility for priority placement. Examples may include:

- Tax return
- W-2 or 1099
- Pay stubs
- SNAP or Medicaid benefit letter

****** Submission of documentation is not required unless you would like to be prioritized based on income requirements. ******

Certification

I certify that the information provided above is true and accurate to the best of my knowledge. I understand this information is voluntary and used only for program eligibility and reporting purposes.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Income Category (if provided): _____ Priority Status Determined: _____

Verified By: _____ Date: _____