



FREE PROGRAM TO ELIGIBLE 3- or 4-YEAR-OLD CHILDREN IN LAS CRUCES

Our program accepts enrollees from age eligible and Title 1 schools within the Las Cruces Public School district. Exceptions can be made with approval of NM ECECD.

MONDAY-FRIDAY 8:00- 3:00

July 27, 2026 to June 15, 2027

575-222-4720

PreK ensures that every child in New Mexico has the opportunity to attend a high-quality, early childhood education program before entering kindergarten. The purpose of New Mexico PreK is to:

- Increase access to voluntary high-quality pre-kindergarten programs
- Provide developmentally appropriate activities for New Mexico children
- Expand access to early childhood programs across New Mexico
- Support linguistically and culturally appropriate curriculum and
- Develop school readiness in those served

PreK teachers carefully plan indoor and outdoor activities based on what children are required to learn in the following areas:

- Literacy and Phonics
- Concepts of Science
- Numeracy--Counting, shapes, sorting, measuring
- Physical Development and Health
- Aesthetic Creativity
- Self, Family & Community
- Approaches to Learning

FAMILY ENGAGEMENT

Family engagement is an essential component of our PreK Programs. Our PreK programs support families/parents as their child's first and most important teacher. We have a Family/Parent Involvement program which includes 90 hours of family participation throughout the year. Families are invited to participate in all events.

MEALS

At no cost to families, children are served nutritious breakfast, lunch and snack. Mealtime is a perfect learning opportunity, and teachers use this time to teach skills and reinforce healthy eating habits.

HEALTH SCREENINGS/ DEVELOPMENTAL SCREENINGS

Each child in the PreK program **must** receive the following health screenings by a school health care professional before the beginning of the program or within the first 30 days of attendance:

- ✓ physical examination--includes vision, dental, hearing
- ✓ current immunization

Additional screenings, (ASQ and Reflection Science Assessments) will be completed at our facility at no cost to families. Your family doctor must complete dental, vision, and hearing within 30 days.

The Village is a five-star program that focuses on child development, growth, and learning to provide the greatest opportunity for success in kindergarten and later school years. Our Frog Street curriculum utilizes a multi-sensory approach to learning incorporating a comprehensive array of integrative movement activities and special programs which support NM PreK Early Learning Outcomes. We support the full participation of every child through curriculum components that address dual language learners while exposing the children to sign language and various cultures from around the world. The curriculum is theme-based, with emphasis

on learning through play and the development of positive social relationships, which leads to the development of academic skills. Attendance and family participation is important.

PROGRAM START AND END DATES: July 27, 2026-June 15, 2027. It is a year-round program. Program times are Monday through Friday - 8:00 am to 3:00 pm. Children must have reached their 3rd or 4th birthday before 12:01 am September 1 of the current year.

REQUIRED: Parent participation in student activities/projects; parent meetings before the start of school; parent-teacher conferences three times a year; physical exam/screenings within 30 days of start date and adherence to attendance guidelines.

THE VILLAGE KIDS CLUB: A before/after-hour care program is available Monday - Friday (7:30 am - 8:00 am and 3:00 pm to 5:30 pm) for those who need extended hours. Kids Club Camps (7:30 am to 5:30 pm) can be available for working families when Las Cruces Public Schools have non-attendance days and/or weeks. (Availability of Camps is dependent on enrollment for those camps.)

The Universal Childcare program through ECECD will cover costs for before/after care and camps. Universal Childcare is available to parents who are actively involved in activities such as work or school. Parents who do not meet these criteria are not eligible for Universal Childcare although ECECD can make exceptions. If a family is not eligible for Universal Childcare, private pay is an option. Private pay monthly rate for Kids Club (7:30 am to 8 am and 3 to 5:30 pm) is \$843.75 plus tax. Camps are an additional charge of \$75.00 per day plus tax. CAMP days are available for parent-teacher conferences, Fall Break, M.L. King Day, President's Day, and Spring Break (specific dates are provided on the Kid Club/CAMPS calendar). When families get an appointment with the caseworker, make sure to ask for holidays and parent-teacher conferences so those days will be covered. The extra days will appear on the contract which is sent to Gym Magic Foundation. **If you get a contract but do not qualify for holidays or conference days, private pay is available.**

ENROLLMENT PRIORITIES

1. Age
2. Children who reside in Title I school districts. (Check the LCPS website.)
3. Children who would not have an opportunity to attend a high-quality preschool.

WAITING LIST

Once capacity has been reached, children will be placed on a waiting list. As a spot opens, children will be chosen by using the above criteria based on the enrollment application date.

ATTENDANCE POLICY

Parents must agree to an 85% attendance rate. Excused absences must have written doctor's excuse. Ten days of unexcused absences = warning. Twenty days of unexcused absences = 2nd warning. Additional days could result in dismissal from the program. **Late arrivals/early dismissals count as absences.**

REQUIRED FOR ENROLLMENT

- Documents to confirm date of birth
- 2 Immunization records signed by physician or religious/medical exemptions
- 2 Proof of residency (current utility bills, mortgage commitment on existing residence only)
- Custody papers if applicable
- IEP copy if applicable
- Wellness Check and vision, dental, and hearing screenings within 30 days of enrollment
- Income Eligibility Application
- Signed permission for screening: ASQ screenings & Reflection Science Assessments

STEP 1: Complete pre-registration form (February-March)

STEP 2: Interview with PreK staff & finalize enrollment (March-May)

STEP 3: Meet with prospective teachers (July)

New Mexico PreK Annual Enrollment Form 2026-2027

<i>Date Received:</i>	<i>Initials:</i>	PreK	Early Prek	Mixed Age
<i>Age Eligible</i>	<i>Birth Certificate</i>	<i>Passport</i>	<i>ASQ-3:</i>	
<i>Hermosa Heights District</i>	<i>Title I school</i>	<i>Income Eligible:</i>	<i>ASQ-SE:</i>	

PART 1: PERSONAL INFORMATION—Please Print

Start Date _____

CHILD'S NAME: _____ Male Female DATE OF BIRTH: _____

LAST FIRST MIDDLE INITIAL

AGE: Years	Months
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NAME(S) OF PARENT(S) OR GUARDIAN(S):

EMAIL: _____ (Please Print Clearly)

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Parent/Guardian Occupation _____ Parent/Guardian Occupation _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PART 2: PRIOR CARE EXPERIENCE--Where did your child spend the most time in the last 12 months?

- Home care
 Head Start
 Pre-Kindergarten
 Childcare Center
 Family Childcare
 Preschool special education program
 Parents
 Other _____

Please initial and date:

1. _____ I agree to The Village's attendance policy with an 85% attendance rate and only excused absences.
2. _____ I give permission for the following screening: ASQ-3 & Reflection Science Assessments

PART 3: HEALTH INFORMATION-Please check the items below that apply to your child

- Delayed speech/language
 Hearing problems
 Vision problems
 Occupational therapy
 Concerns about child's development:
 Asthma
 Attention span
 Use of medication

Please answer the following questions; if not applicable, write N/A

Please list any other therapy child is receiving: _____

Please list health problems: _____

Please list physical limitations: _____

Please list allergies (including food): _____

Please list regular medications (prescribed and over the counter): _____

Physician: _____ Phone: _____ Last checkup: _____
Dentist: _____ Phone: _____ Last checkup: _____
Optometrist: _____ Phone: _____ Last exam: _____
Health Insurance: _____ Phone: _____
Medicaid: _____ Phone: _____

PART: 4 AUTHORIZATIONS FOR PICK-UP (ID REQUIRED)

NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____

The following people CANNOT or DO NOT have permission to pick up:

NOT AUTHORIZED: _____ Relationship: _____

NOT AUTHORIZED: _____ Relationship: _____

TO BE CONSIDERED FOR ENROLLMENT:

- 1. YOU MUST ANSWER ALL QUESTIONS ON APPLICATION FORM**
- 2. ESPECIALLY IMPORTANT -- INCOME ELIGIBILITY FORM.**

Signature of parent or guardian _____ Date _____

New Mexico PreK Annual Enrollment Form FY26-27

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

Program Type: PreK Ext Plus Early Ext Plus Mixed Age Ext Plus

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 choose 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: _____

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 the 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 the Enrollment Form

Parent/Guardian Printed: _____

Parent/Guardian Signature: _____ Date: _____

Program Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

GYM MAGIC, INC. ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of (child's name) _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, dancing, tumbling, trampoline, tumble track, cheerleading, swimming, and adult fitness. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in the after-school program can involve transportation to and from various field trips/after school programs and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gym Magic, Inc.. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. In the event of an accident or emergency I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold Gym Magic Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Parent, Legal Guardian's Signature _____ Date _____

Your participation in a Gym Magic, Inc. gives Gym Magic permission to photograph, videotape or use a likeness in advertisements or promotions for Gym Magic.

Parent, Legal Guardian's Signature _____ Date _____

Child's Name _____ Date _____

AUDIO AND IMAGE CONSENT POLICY

As a student of The Village, your child may be photographed or videotaped for various advertisements or promotions. By your attendance in Gym Magic Kids, you are granting your permission for you and your child to be filmed, audio-taped, or photographed and are granting full use of your likeness, voice, and words without compensation. Children's names are never used.

Signed: _____ Date _____

PERMISSION TO APPLY SUNSCREEN/BUG GUARD/LOTIONS

Do/do not (please circle one) allow Gym Magic Kids Early Childhood Development Center staff to apply:

- ___ Sunscreen/Sunblock
- ___ Skin So Soft Bug Guard
- ___ Other topical lotions named ___

ALLERGIES _____ NAME OF LOTIONS NOT ALLOWED _____

RECEIPT OF PARENT HANDBOOK

I acknowledge that I have received Gym Magic Kids Early Childhood Development Center Family Handbook and Policy Statements. I agree with The Village's Policy Statements.

Parent Signature _____ Date _____

AUTHORIZATION OF CHILD PICK-UP

- Authorized Pick-Up: _____
- Authorized Pick-Up: _____
- Authorized Pick-Up: _____
- Authorized Pick-Up: _____

The following people **CANNOT** or **DO NOT** have permission to pick up:

NOT AUTHORIZED _____ NOT AUTHORIZED _____

Parent Signature _____ Date _____

CONSENT FOR ASQ-3 SCREENING & REFLECTION SCIENCE ASSESSMENTS

I understand the importance of screenings for development of learning goals and give my consent for the screening.

Parent Signature _____ Date _____



Child and Adult Care Food Program
LETTER TO HOUSEHOLDS



Gym Magic/ Ashley's Garden or The Village EPICS # 1532420 Phone Number 575-222-4575-222-4720

Instructions: This letter must accompany the Income Eligibility Application. Dear

Clear

Parent / Guardian or CACFP Participant:

Gym Magic/ Ashley's Garden or The Village

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)

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.

Bianet Bustamante
Name of Sponsor / Center Representative

[Signature]
Signature of Sponsor / Center Representative

07/01/2025
Date



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



Name of Sponsor / Center / Site Gym Magic/ Ashley's Garden or The Village	EPICS # 1532420	Phone Number 575-222-4720
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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 Gym Magic/ Ashley's Garden or The Village	EPICS ID: 1532420
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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.

Signature of Adult Family Member
 Last Four Digits of Social Security Number*
 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
Gym Magic	Bianet Bustamante		