

## **ECHO Aztec Preschool** **Requirements for Admission**

**Phone:** 505-334-6135      **Fax:** 505-334-0728      **Hours:** 7:00am to 5:30pm  
**Email:** [bkeith@echoinc.org](mailto:bkeith@echoinc.org) or [tblea@echoinc.org](mailto:tblea@echoinc.org)

### **Required Information for Enrollment:**

- Completed Application. (*All information must be completed*)
- Income Eligibility Application (*All information must be completed*)
- Statistical Data Form (*All information must be completed*)
- Birth Certificate- Can be emailed or faxed
- Current Shot Record- Can be emailed or faxed
- Proof of Annual Child Checkup
- \$100.00 per family Annual Supply Fee due at enrollment.
  - CYFD Childcare Assistance Annual Supply Fee will be paid for by CYFD
- \$8.00 provides the family with 2 keys to the front door. PLEASE USE YOUR KEY!
- One month's paycheck stubs from all the working members of the household. If all check stubs are not provided or if income is found to be fraudulent, then the account will be placed in our highest income bracket or possibly suspended.

### **Important Information**

- We have two **required fundraisers** per year. There is a buyout option that will be determined at the time of the fundraiser.
- **Payments are due Monday mornings** for the week. All payments must be made by ***CHECK or MONEY ORDER ONLY!*** CYFD Payments are due by the 10<sup>th</sup>
- We grant an **annual vacation week** per family, where there is no charge for the week. Please see the front counter for the vacation form.

### **What your child will need for school:**

Pillow      Blanket      Change of Clothes      Water Bottle      Stuffed Animal

**We accept CYFD assistance for childcare. If you are interested to find out if you qualify for free or low cost child care, please call 327-5316 for further information.**

*This institution is an equal opportunity provider.*



**ECHO PRESCHOOL**  
**CHILD RELEASE FORM**

Please list at least 2 adults that will be able to pick up your child in the event that the parents or guardians are unable to pick up for the day. Whoever is listed on this form will also be considered an emergency contact and they need to be at least 18 years of age. Please list in order to whom to call in case of emergency. Identification will be required at pick up.

I, \_\_\_\_\_, give my permission to Aztec Pre-School to release my child to:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

**EMERGENCY CONTACT INFORMATION****Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_**Social Security Number:** \_\_\_\_\_**Allergies:** \_\_\_\_\_ **Medical Conditions:** ☐ Y ☐ NIf yes,  
explain: \_\_\_\_\_

We always contact the listed mother, father or guardian from the enrollment form in case of an emergency, however if the parents/ guardians are not available, we need two additional contacts that we have permission to reach in case of an emergency. (Please have them listed on the release form as well.)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_**Child's Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_**Insurance:** \_\_\_\_\_

Suggested Name of Hospital:

☐ San Juan Regional Medical Center 801 Maple St, Farmington NM 87401 Phone: 609-2000☐ Other: \_\_\_\_\_

I, the undersigned parent or guardians, hereby give my consent for emergency medical or dental treatment for my child by any licensed physician or dentist while under the care of the program (ECHO Pre-School) and for transportation of my child to and from the source of emergency treatment. This care may include examinations and any tests, which, in the opinion of the physician or dentist, are deemed necessary or advisable. This does not include the right to perform surgical operations without my further consent, except in the case of an emergency and when, after an effort has been made to locate me, I am found to be unavailable.

I, the parent or guardian, hereby authorize and direct the program to render such emergency treatment to said minor as judged advisable.

This consent is valid for the year my child is enrolled in the program. The purpose for this consent form has been explained to me.

**IMPORTANT HEALTH INFORMATION:** Your child needs to be fever free and vomiting/illness free for 24 hours before returning to the center.

\_\_\_\_\_  
Signature of parent or guardian\_\_\_\_\_  
Date

**FAMILY INFORMATION, INCLUSION POLICY,**  
**AND**  
**FINANCIAL AGREEMENT**

It is required to provide 1-month paycheck stubs or financial contracts for both parents/guardians in the household, unless the family qualifies for CYFD Childcare Assistance. Please provide a written statement if you are not able to provide 2 sets of paycheck stubs. (Examples: Single Household; 2 Parent Household, with a Stay at Home Spouse; Qualifying for CYFD Childcare Assistance; ect). Please attach additional paperwork for support, if necessary. If ECHO Aztec Preschool finds your financial information to be fraudulent, incomplete, or not updated after a change of employment, the account will be placed in the highest income bracket or suspended.

Please list all family members in the household and age.

Household Member	Age	Household Member	Age

**Total Number in Household:** \_\_\_\_\_

**Total 1 Month Gross Income:** \_\_\_\_\_

The following tuition has been established by ECHO Aztec Preschool for:

**Child's Name:** \_\_\_\_\_ ☐ Weekly Fee ☐ Copay

Weekly Fee Amount (Circle): ☐ \$50.00 ☐ \$75.00 ☐ \$95.00 ☐ \$115.00

I, \_\_\_\_\_, understand the policies of the center and agree to them. I also agree to pay the weekly fee every Monday morning, which will prepay for the week. I understand that if I have a childcare agreement from the State of New Mexico CYFD, my copay will be due by the 10<sup>th</sup> of every month. Please see page 6 of this application for the centers payment policies and late fees or see page 6 in the Parent Handbook.

I also acknowledge that ECHO Aztec Preschool promotes inclusion by ensuring that children and families of all abilities are welcomed and supported. The preschool provides access to a wide range of learning opportunities, creates individualized modifications or adjustments so all children can participate fully in education and care services with peers, and values each child's individual strength and needs. Additionally, if any child is in need of additional support, with the parents written consent, the Director will make age appropriate referrals to either Roundtree Children's Developmental Services or Aztec Public Schools Special Preschool Programs. **Please note that ECHO Preschool is a non-diapering facility and may not be able to accommodate children who are not toilet trained.**

Signature of Parent/Guardian

Date



## **ACKNOWLEDGMENT OF PARENT HANDBOOK**

\_\_\_\_\_ By signing this form, I agree that I have received, read, and understand the rules and regulations of ECHO Aztec Preschool. I acknowledge that I have been given the most current handbook amended January 1<sup>st</sup>, 2020. I agree to abide by these rules, regulations, and policies. By signing, I give ECHO Aztec Preschool permission to transport my child in school vehicles on school outings.

## **PAYMENT POLICY**

\_\_\_\_\_ *Payments are due Monday mornings* for the week as we are on a prepay system. All payments must be made by **CHECK or MONEY ORDER ONLY!** Late fees will begin on Wednesday at 9:15 a.m. at the rate of \$5 per day. The account will need to be paid in full by the following Monday for the previous weeks' fees, late fees, and for the current week fees otherwise the account will be suspended. **If you have a CYFD agreement, your Copay is due by the 10<sup>th</sup> of the month.** A late fee of \$5 per day will be incurred every day until the balance is paid. You are allowed up to 5 days of late fees and on the 6<sup>th</sup> day, the account will be suspended.

## **DROP OFF AND PICK UP POLICY**

\_\_\_\_\_ *Our drop off time begins at 7:00 a.m. and ends at 9:15 a.m.* Children need to be signed in and out every day at the lobby computer. If a child needs to be dropped off later than 9:15 a.m., please notify the office before 9:15 a.m. Late drop offs will not be on a regular basis, unless otherwise approved by ECHO Aztec Preschool. If there is no notification, then we may refuse service after 9:15 a.m.

*All children need to be picked up and exited from the building by 5:30 p.m.* Our late charges begin at 5:36 p.m. The account will be charged \$5 for the 1<sup>st</sup> minute and \$1 per minute per child thereafter. The child will be placed in the care of the Aztec Police Department at 6:00 p.m. if contact cannot be made with the parent or emergency contact lists.

## **CHILD DIS-ENROLLMENT 2 WEEK NOTICE**

\_\_\_\_\_ I understand that a two week written notice will need to be given to dis-enroll my child. Forms are available next to the lobby computer or a hand written notice will suffice. If 2 weeks' notice is not given, the account will be charged 2 weeks of the weekly fee amount.

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 Parent's Signature

Child's Name

Date

### **REQUIRED FUNDRAISERS**

\_\_\_\_\_ I understand that there will be at a minimum of 2 required fundraisers per year to help supplement our low tuition, as well as to help cover the costs of field trips. I understand that if I choose to not participate in the fundraisers, that my account will be charged the buyout fee that will be determined at that time.

### **VACATION WEEK NOTICE**

\_\_\_\_\_ I understand that our family will be granted a “one-week vacation” time where my child does not attend and therefore there is no charge. I will fill out the vacation week form and submit it to the office in a timely manner. All other absences will be charged accordingly, with the exception of sick absences with a doctor’s note or bereavement paperwork.

### **PERMISSION TO APPLY SUN BLOCK**

\_\_\_\_\_ I give permission for ECHO Preschool to apply either sun screen on my child when exposed to sun for extended periods of time. Appropriate occasions would include, but are not limited to field trips and long durations outside. By signing this form, I am acknowledging that my child has no allergies to sun block and that it can be applied by all staff members.

### **TECHNOLOGY AND ECHO EXPECTATIONS**

\_\_\_\_\_ I will provide the proper technology to my child for use at ECHO Preschool for the school year. I understand that ECHO is not responsible if the device is lost, stolen, or damaged. The teachers at ECHO will assist the children in completing their work, however ECHO is not responsible for the completion of school work. I will provide a password list for my child.

### **REQUIRED DOCUMENTS**

\_\_\_\_\_ I will provide all required documents: Completed Application, Birth Certificate, Immunization Record, Proof of Well-Child Checkup, IEA, paycheck stubs or CYFD contact, and Stat Sheet. I have also received a list of local resources found within the Parent Handbook.

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Parent’s Signature

Child’s Name

Date



### PHOTO RELEASE FORM

I grant permission to ECHO, Inc. to use photographs taken of me and/or of my minor child/children for promotional use in materials such as brochures, flyers, newsletters, public advertisements, and electronic media for the sole purpose of advertising ECHO, Inc. programs (Emergency Assistance, Food Bank, CSFP – Free Food for Seniors, and ECHO Preschool) without notifying me.

Furthermore, I authorize the use of my name and/or my minor child's name for all promotions for the benefit of ECHO, Inc. as deemed appropriate and necessary to further benefit the programs of the agency.

I waive my right to inspect and/or approve the finished photograph copy or printed matter that may be used in with such photographs, or the eventual use that might be applied.

I, hereby, release and discharge ECHO, Inc., its assign, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability that may occur in the taking of photographs, or reproductions of the finished product.

I, hereby consent to the use of these photographs without financial compensation. I have read the foregoing release and warrant that I fully understand the contents thereof.

\_\_\_\_\_  
Client/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Child's Name(s)





# Child and Adult Care Food Program INCOME ELIGIBILITY APPLICATION



Name of Facility / Center / Site / Home Provider (Last, First, Middle Initial):	Facility / Center / Site / Home Provider EPICS ID:	Phone Number ( ) /
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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, and 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), and at any USDA office, or write a letter addressed to USDA and provide in 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.

**Instructions: Complete this form and return to the Facility / Center / Site / Home Provider**

(Check if applicable for Enrolled Participant)

## ENROLLED PARTICIPANT INFORMATION:

First: _____	Last: _____	DOB: _____	Child Care Centers:	Adult Daycare Centers:	Case #: _____
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	

If Enrolled Participant is a Foster Child: Please list the amount of the child's "personal use" monthly income (if no personal income, record "0"): \_\_\_\_\_

## HOUSEHOLD INFORMATION:

List the first and last name of each person living in the household, related or not (such as grandparents, other relatives, or friends who live in the household). Include yourself and all children over the age of 13 living with you. (Please use additional forms if more lines are required).

First: _____	Last: _____	First: _____	Last: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number in Household: \_\_\_\_\_

**HOUSEHOLD INCOME:** Please indicate 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: \$ _____	Social Security: \$ _____	Pension/Retirement: \$ _____
Unemployment: \$ _____	Other Income: \$ _____	<b>Total Income:</b> \$ _____	<input type="checkbox"/> Monthly

**PENALTIES FOR MISREPRESENTATION:** I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that 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 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*	<input type="checkbox"/> Check if no SS# _____ Date
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## 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'S 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
<input type="checkbox"/> Home Provider Tier I Eligibility Verified by: <input type="checkbox"/> Tax Return <input type="checkbox"/> W-2 <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Other Date Verified: _____				
<input type="checkbox"/> Home Provider Child(ren) Tier I Eligibility Verified by: <input type="checkbox"/> Household Income <input type="checkbox"/> Categorically Eligible School Name / District: _____				
<input type="checkbox"/> Home Provider or Child(ren) TIER I Ineligible				

_____ Signature of Facility / Center / Site Representative / Home Provider	_____ Name of Facility / Center / Site Representative / Home Provider	_____ Approving Date	_____ Date Disenrolled
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\* Complete Social Security Number is not required for CACFP Participation, only the last four digits are required.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**PARTICIPANT ENROLLMENT FORM**

Dear Parent/Guardian,  
ECHO Preschool participates in the U.S Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for each child enrolled.

**Parent/Guardian Please Complete:**

<b>Enrolled Child's Name:</b> _____ <b>Date Enrolled:</b> _____
<b>DOB:</b> _____ <b>Age:</b> _____ <b>Sex (Check One):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Allergies (Check One):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify: _____
<b>Check Days of Normal Care at Facility:</b>
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<b>Check Meals Normally Eaten at Facility:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 2:30 Snack
<b>Please List Normal Times of Arrival and Departure:</b>
Arrive: _____ (Must be between 7:00 am and 9:15 am)
Depart: _____

  

<b>Enrolled Child's Name:</b> _____ <b>Date Enrolled:</b> _____
<b>DOB:</b> _____ <b>Age:</b> _____ <b>Sex (Check One):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Allergies (Check One):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify: _____
<b>Check Days of Normal Care at Facility:</b>
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<b>Check Meals Normally Eaten at Facility:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 2:30 Snack
<b>Please List Normal Times of Arrival and Departure:</b>
Arrive: _____ (Must be between 7:00 am and 9:15 am)
Depart: _____

**Parent/ Guardian Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone Number:** (    ) \_\_\_\_\_ **Work Phone Number:** (    ) \_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Provider Use Only:**

**Signature of Facility Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Date Disenrolled:** \_\_\_\_\_

*This institution is an equal opportunity provider.*

2022

## ECHO INC - REQUIRED STATISTICAL DATA

Last Name

First Name

SSN

Date

Address

City

State

Zip

Email

Gross Monthly Income

Family Size

Phone Number

Housing Type:

- ☐ Private Home  
☐ Mobile Home  
☐ Apartment  
☐ Other: \_\_\_\_\_

Housing Info:

- ☐ Own  
☐ Rent: \$ \_\_\_\_\_.  
☐ Other: \_\_\_\_\_.

Other Benefits:

- ☐ SNAP: \$ \_\_\_\_\_.  
☐ Low Income Housing  
☐ WIC  
☐ None of the above

Family Type:

- ☐ Single  
☐ Single Parent Female  
☐ Single Parent Male  
☐ Two Parent Household  
☐ Two Adults No Children  
☐ Other

Source of Income:

- ☐ Employed Full Time  
☐ Employed Part Time  
☐ Social Security  
☐ SSI / SSD  
☐ Child Support  
☐ Pension  
☐ TANF  
☐ Other: \_\_\_\_\_.

LIST ALL HOUSEHOLD MEMBERS							Ethnicity						Education				Insurance		Military											
Name of ALL Household Members	AGE	SEX	Birth Date	DISABLED	Social Securty Number	Relation	Black	Caucasian	Hispanic	Native	Asian	Other	0 – 8	9 – 12	Grad/GED	12+ Sps	2-4	Unknown	Health	Medicaid	Medicare	Active	Veteran							

I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. This certification is be made in connection with the receipt of Federal, State, and/or local assistance.

Program officials may verify information on this form. I understand that deliberate misrepresentation may subject me to Civil or Criminal prosecution under State and Federal statutes.

Applicant Signature

Date

ECHO Inc. Staff Signature

Date

# ECHO Preschool

## 2023

### JANUARY

s	m	t	w	t	f	s
1	×	3	4	5	6	7
8	9	10	11	12	13	14
15	×	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### FEBRUARY

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12	13	14	15	16	17	18
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26	27	28				

### MARCH

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19	20	21	22	23	24	25
26	27	28	29	30	31	

### APRIL

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23	24	25	26	27	28	29
30						

### MAY

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	×	30	31			

### JUNE

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25	26	27	28	29	30	

### JULY

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23	24	25	26	27	28	29
30	31					

### AUGUST

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20	21	22	23	24	25	26
27	28	29	30	31		

### SEPTEMBER

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17	18	19	20	21	22	23
24	25	26	27	28	29	30

### OCTOBER

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### NOVEMBER

s	m	t	w	t	f	s
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	×	×	25
26	27	28	29	30		

### DECEMBER

s	m	t	w	t	f	s
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	×	×	×	27	28	29
						30

### Holiday Closures

January 2 <sup>nd</sup>	New Years	June 19 <sup>th</sup>	Juneteenth
January 16 <sup>th</sup>	MLK JR	July 4 <sup>th</sup>	July 4 <sup>th</sup>
February 20 <sup>th</sup>	Presidents Day	September 4 <sup>th</sup>	Labor Day
April 7 <sup>th</sup>	Good Friday	October 9 <sup>th</sup>	Indigenous People's Day
May 29 <sup>th</sup>	Memorial Day	Nov 24 <sup>th</sup> /25 <sup>th</sup>	Thanksgiving
		Dec 25 <sup>th</sup> /26 <sup>th</sup>	Christmas

ECHO Preschool follows Aztec Public Schools for inclement weather closings.