



**Madison Christian Children's Center**  
**6202 N. 12<sup>th</sup> Street**  
**Phoenix, AZ 85014**  
**(602) 265-7885**

Hello Families,

Welcome to Madison Christian Children's Center. My name is Mrs. Ona Hanson, and I am the Director. We are so blessed that you have chosen us for your child care needs. Our center provides quality care for children two years old through fourth grade. Our preschool has all day care for two year olds to four/five year olds who have not yet entered kindergarten. We also provide before and after school care to Rose Lane elementary students only.

This school year begins on Tuesday, August 5<sup>th</sup>, 2025, and ends on Wednesday, May 20<sup>th</sup>, 2026. We will be closed Monday, August 4<sup>th</sup>, 2025, for an in-service day before the new school year starts.

Please review the child care contract carefully. We have full day rates, before school only rates, after school rates, daily additional rates, 5 day, 4 day, 3 day, and half day rates for the preschool. The contract also covers TCT Wednesdays, early releases and school breaks.

#### **How to fill out the packet**

**THE EMERGENCY BLUE CARD HAS TO BE FILLED OUT FOR EVERY CHILD, NO EXCEPTIONS!** We will be updating our files this school year. This form has to have at least two people other than the parents/guardians who can pick up or be called in case we cannot get ahold of you. We also need to have your child's pediatricians name and phone number or a preferred hospital and phone number. These are state licensing requirements. Fill out the front both pages completely and sign and date the bottom of the second page.

The next few pages are our Behavior Support Policy, Authorization to Use Photographs, homework, and authorization to walk over forms. You will need fill in your child's name and sign each of them, and pick agree or not agree if it applies.

For the preschool students only, there is an About me Questionnaire. This is to help the teachers get to know your student better. There is a diapering and potty training permission form for the two year old class only.

The last few forms are for our CACFP food program. **READ THROUGH THE INSTRUCTIONS AND FILL OUT THE PURPLE FORM.** Filling out the Income Eligibility Form does not affect your contracted rate; however, it does help us to qualify your child for our rate of reimbursement so we can get some extra funds to provide your children with a healthy breakfast and snacks.

Please feel free to reach out to us with any questions you might have. We look forward to partnering with you on your child care needs.

Ona Hanson

Director

602.265.7885

[ona@madisonphx.org](mailto:ona@madisonphx.org)

## **Madison Christian Children's Center Contact Information**

### **School Director**

Ona Hanson  
(602) 265-7885  
[ona@madisonphx.org](mailto:ona@madisonphx.org)

### **Church and School Office Administrator**

Debi Martin  
(602) 265-7885  
[debi.mccc6202@gmail.com](mailto:debi.mccc6202@gmail.com)

### **School Age Coordinator**

Kristian Barron  
(602) 265-7885  
[kristian1com@yahoo.com](mailto:kristian1com@yahoo.com)

### **Madison Church Lead Pastor**

Pastor Bryan Weide  
(602) 277-1720  
[pastorb@madisonphx.org](mailto:pastorb@madisonphx.org)

"This institution is an equal opportunity provider."

"Free language assistance, auxiliary aids, and/or accommodations are available upon request. For more information, please contact Debi Martin or Ona Hanson."

Madison Christian Children's Center  
2025 - 2026 2YO Preschool Agreement  
2 Years Old

School Hours – 6:30am to 6:00pm

**Annual Registration Fee: \$75 per family (Non-Refundable) paid annually**

**Tuition and Childcare Fees:**

Please check one of the following:

- |   |                   |
|---|-------------------|
| <input type="radio"/> Full Time (5 full days)       | \$260.00 per week |
| <input type="radio"/> Five Days (9am to 12pm ONLY)  | \$200.00 per week |
| <input type="radio"/> Four Days (full day)          | \$220.00 per week |
| <input type="radio"/> Three Days (full day)         | \$175.00 per week |
| <input type="radio"/> Three Days (9am to 12pm ONLY) | \$125.00 per week |
| <input type="radio"/> Drop-In Daily Rate            | \$65.00 per day   |

Multiple child discount: If you have more than one child attending our center a \$10 per week discount will be applied to the youngest child's rate. A \$15 per week discount will be applied to the second youngest child.

**Additional Charges and Fee Policies: (please initial)**

\_\_\_\_\_ **LATE PICK-UP FEE** (After 6:00pm) will be \$5.00 for the first 5 minutes and \$2.00 per minute thereafter.

\_\_\_\_\_ **All absences will be charged at the regular rate.**

\_\_\_\_\_ **We will be closed for the following holidays.** Your regular weekly rates will still be charged. Labor Day, Veteran's Day, Thanksgiving Day, The day after Thanksgiving, Christmas Eve, Christmas Day, New Years Day, MLK Day, President's Day, Good Friday, Memorial Day, and Independence Day. We are closed Monday the 4<sup>th</sup> of August to get ready for the school year and Thursday the 21<sup>st</sup> and Friday the 22<sup>nd</sup> of May, before Memorial Day, for Summer Program preparation and cleaning.

\_\_\_\_\_ **A two-week notice** is required before terminating services at MCCC to avoid additional charges.

\_\_\_\_\_ All previous charges must be paid in full before a child can return to MCCC.

**Payment Schedule:**

- Invoices will be charged via PROCARE every **Thursday** for the following week's charges
- Payment is due by **Tuesday at Noon** the following week- **NO EXCEPTIONS**
- A **late fee of \$15** will be incurred if payments are not made by Tuesday at 12:00pm
- **Accounts two or more weeks delinquent will result in termination of services.**
- Payments can be made through the brightwheel app, check or money order. **A \$35 NSF fee will be added to your account for returned checks.**

**Guaranteed Start Agreement:** For new families, the registration fee and the first week's tuition are due as a deposit in order for your child to be given a guaranteed start date. You will be responsible for full fees effective that date, whether or not your child is in attendance. In the event you fail to start on your guaranteed start date, your fees will be added automatically weekly. Failure to pay these fees by noon of the first Tuesday after your guaranteed start date and by noon every subsequent Tuesday, will constitute a forfeiture of your deposit (as explained above) as well as your child's position in the center. **The deposit is non-refundable.**

Child's Name:	Start Date:	Schedule: (M-F 7am-6pm)	Rate:	Reg Fee:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

By signing below, I am stating that I understand and agree to the terms of the above agreement, I also understand that the fees may increase between the date this agreement is signed and my guaranteed start date. In the event this happens, I agree to pay the new rates or forfeit my deposit and my child's position in the center. I further agree to pay all fees including but not limited to late fees as stated above and any and all attorney fees, court costs and collection costs related to the collection of my account not to exceed 50% of my total account.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SS# or DL# \_\_\_\_\_

**Madison Christian Children's Center  
School Year 2025 - 2026 Enrollment Packet  
2 Year Old**

Child's Name (first and last):	
Gender: <input type="checkbox"/> male <input type="checkbox"/> female	Date of Birth (mm/dd/yy):
Grade:	Age:
Siblings (names and grades/ages):	

Mother's Name:		
Address:		
City:	State:	Zip code:
Primary phone:		Secondary phone:
Email Address:		
Marital status: M/S/D/W		Step-parent's name:

Father's Name:		
Address (if different from above):		
City:	State:	Zip code:
Primary phone:		Secondary phone:
Email address:		
Marital Status: M/S/D/W		Step-parent's name:

**Preferable Email Address:** In order to increase efficiency in communications and billing MCCC utilizes the Procure school information system app. Please provide your preferred email address so we may provide you with a link. Your email address will not be shared with anyone without your permission. If you provided more than one, please indicate your preferred email address below:

**Preferable Email Address:** \_\_\_\_\_

Requested start date*:	Days of attendance: (i.e. M-F, W only)	Times: (i.e. AM only, PM only)

\*Your start date is not guaranteed until we have received your completed enrollment packet, a copy of current vaccinations, and payment for registration fees and first two weeks of enrollment.

**OFFICE USE ONLY**

Rate: _____	Reg. fee rec'd: _____	Two week deposit rec'd: _____
Packet complete: _____		immunization record: _____
Guaranteed start date: _____		



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
------------------------------	--------------	----------------------------------

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
-----------------

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

### Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

### Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------



**Madison Christian Children's Center**  
**6202 N. 12<sup>th</sup> Street**  
**Phoenix, AZ 85014**  
**(602) 265-7885**

---

### **Behavior Support Policy**

At Madison Christian Children's Center, it is our goal to help each child achieve their highest potential and feel successful in their learning experiences. We strive to create an environment that provides your children with feelings of **safety, security and stability** each day, so that they feel comfortable and confident as they develop and thrive. In order to fulfill this mission, we attempt to create and nurture meaningful teacher-child relationships. Research and practice show us that children who connect and feel safe with their caregivers engage more frequently in positive behavior, and less frequently in challenging behavior.

Children do engage in challenging behaviors at times; however, it is our job at Madison Christian to establish a clear, mindful approach to support these children in moments of distress. In order to best support children during these times, we believe in **collaborating with parents** and strategizing as a team, so that your child experiences **consistency** across all caregivers. A lack of participation from parents in this process can warrant disenrollment from our program.

The following list is an example of behaviors that Madison Christian considers potentially "challenging":

*Being disruptive in the classroom*

*Throwing items*

*Abusive or inappropriate language*

*Arguing with team members or other children*

*Leaving the area without permission*

*Using toys, supplies or equipment in an unsafe way*

*Sexually inappropriate behavior or language*

*Removing items of clothing*

*Aggressive behavior that may harm others or the child him/herself*

*Bullying*

*Biting*

*Behaviors not mentioned determined to be unacceptable/inappropriate by the Director*

This is the Madison Christian approach to challenging behavior:

- **The first time a behavior occurs:** The teacher or staff member will validate the child's experience and feelings, then encourage the child to make a better choice. Once the child is no longer in distress, the teacher will have the child practice a better choice.
- **If the behavior persists:** The teacher will assist the child in co-regulation; they will help the child calm down through use of "think time" or "time in". The teacher is present with the child throughout this process. **A Behavior Incident Report will be sent home to the parents.**

- **If the behavior still persists:** The Director or Administrator will be notified of the occurrence, and will step in to the classroom to support the other children. This allows the teacher and child to repair their relationship, if possible, without having to worry about the other children in that moment.
- **Once three Behavior Incident Reports are sent home to the parents/guardians:** A parent-teacher-Director behavior support meeting will be held to discuss next steps. The parents/guardians must attend the meeting.

If the above-mentioned approach does not seem to support the child in the classroom, we will need to take alternative action to ensure the safety and functioning of all children and staff at the center. If all other solutions are exhausted, the next steps are...

- **Sending your child home:** If a behavioral plan is in place, and the child continues to engage in challenging behavior that creates an unsafe environment. It may be necessary to send your child home for a day just to get the behavior under control and maintain safety of the classroom
- **Suspension of your child:** If a parent-teacher-director meeting has already occurred and the behavior still continues we will suspend your child for 3 whole days. They will not be able to return until a meeting has been set with the parent/guardian-the child-the Director or Administrator and the Pastor. This hopefully will communicate the seriousness of the behavior to the child and parent/guardian, sending a clear message that the behaviors will no longer be tolerated and hopefully effect the necessary correction.
- **Termination of enrollment:** If the behavioral plan and meetings are unsuccessful, or the parent/guardian refuse to engage in the support process, or if the center finds they cannot successfully meet the child's needs, this will result in termination of services.

The above-mentioned steps are the ideal approach to correcting "challenging behaviors", however, depending the severity or frequency of the behavior, the safety and welfare of the children, or the safety and welfare of the team members, Madison Christian's Director, Administrator and Lead Pastor may prayerfully decide take whatever steps they deem necessary for the wellbeing of the center up to and including termination of services.

By signing below, I acknowledge that I have received, read and understand the policies contained in the behavior support policy outlined above.

I understand that these policies contain important information regarding the safety and wellbeing of the children at Madison Christian as it relates to various behavioral issues. Any questions regarding these policies should be discussed with the school Director or Administrator.

My relationship with Madison Christian is voluntarily entered into and is subject to termination by me or the Center at will, with or without cause, at any time that either the Center or I believe such action is appropriate.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Madison Christian Children's Center**  
**6202 N. 12<sup>th</sup> Street**  
**Phoenix, AZ 85014**  
**(602) 265-7885**

---

## **2-Year-Old Diapering & Potty Training**

Dear Parents,

We know that potty training your child can be a challenging time. We are doing everything we can to assist you in this important endeavor. Sometimes during the transition from diapers, to pull ups, to underwear, accidents and diaper rash can and does happen.

With your permission, we can provide and apply a generic brand diaper rash cream generally purchased from Walmart or Fry's and we use Kirkland or Huggies brand Fragrance Free Baby Wipes purchased in bulk from Costco Business Delivery.

Parents/guardians are welcome to bring their own diaper rash cream and leave it here on campus with your child's teacher. If you do leave your own cream, we are asking that you have your child's name on it.

Parent/guardians are encouraged to bring their own baby wipes along with diapers/pull ups for your child. We ask that you have your child's name on both.

Please check the circles that apply to your child and sign and date this form.

Sincerely,

Ona Hanson  
Madison Christian - Director

- 
- I give my permission for Madison Christian staff to provide and apply diaper rash cream.
  - I will supply my own diaper rash cream for the staff to apply and make sure my child's name is on it.
  - I do not give my permission for Madison Christian staff to use diaper rash cream at all.
  - I give my permission for Madison Christian staff to use their baby wipes as needed.
  - I would prefer Madison Christian staff use the baby wipes that I provide.

Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Madison Christian Children's Center**  
**6202 N. 12<sup>th</sup> Street**  
**Phoenix, AZ 85014**  
**(602) 265-7885**

---

### **Authorization to Use Photographs**

**Child's Name:** \_\_\_\_\_

I hereby grant **Madison Christian Children's Center** and its representatives and employees the right to use photographs of my child taken at school or during school-related events for use on the school/preschool website, [madisonchristianchildrenscenter.com](http://madisonchristianchildrenscenter.com), the **Madison Church** website, [madisonphx.org](http://madisonphx.org), social media sights such as Facebook and Instagram, school posters, and school bulletin boards. I agree such photos will be used without consideration of monetary compensation.

**Madison Christian Children's Center** agrees not to use the name of my child or make the photographs downloadable in any way, in order to protect my child's identity.

#### **CHECK ONE CIRCLE:**

- I agree to the above conditions and hereby grant **Madison Christian Children's Center and Madison Church** authorization to use my child's photograph for any lawful purpose including publicity, illustrations, and advertising.
  
- I DO NOT give my consent for my child to be photographed and understand that in the event that the entire class/group is being photographed my child will be moved to a different location.

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ABOUT ME QUESTIONNAIRE

*This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.*

**Instructions:** A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian completing this form:** \_\_\_\_\_

**What is your preferred method of communication? (Email/Phone/Text)** \_\_\_\_\_

**Provider/Center Name:** \_\_\_\_\_

**Has your child previously attended child care?**  Yes  No

If yes, what type of setting(s) was your child in? (Family child care, group care, etc.) \_\_\_\_\_

**What did you like most about your child's previous child care setting?**  
\_\_\_\_\_

**What did you like the least?**  
\_\_\_\_\_

**What is important to you about your child's care?**  
\_\_\_\_\_

**Who is important to your child?**  
\_\_\_\_\_

**Does your child prefer to play alone or with other children?**  Alone  Other Children

**Does your child have a favorite toy or comfort object?**  Yes  No

If yes, what? \_\_\_\_\_

**What is your child's current sleep schedule?**  
\_\_\_\_\_

**Does your child fall asleep easily?**  Yes  No

**What is your child's mood like upon awakening?**  
\_\_\_\_\_

**What does your child like?**  
\_\_\_\_\_

**What does your child dislike?**  
\_\_\_\_\_

**Special things you say or do to comfort your child are:**

**How do you know when your child is:**

Happy: \_\_\_\_\_

Sad: \_\_\_\_\_

Mad: \_\_\_\_\_

Tired: \_\_\_\_\_

Other: \_\_\_\_\_

**How does your child react when:**

Something unexpected happens:

\_\_\_\_\_

Something happens they don't like:

\_\_\_\_\_

They are scared:

\_\_\_\_\_

Other:

**Does your child have any health issues?**  Yes  No

If yes, please explain:

**Has anything happened recently in your child's life that might affect them?**  Yes  No

*Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.*

If yes, please explain:

**Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?**

**Is your child in Foster Care?**  Yes  No

If yes, please list the Case Manager's Name and Contact Information:

\_\_\_\_\_

\_\_\_\_\_ (Initial) Parent/Guardian declines to complete this Questionnaire.

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



**Madison Christian Children's Center**  
**6202 N. 12<sup>th</sup> Street**  
**Phoenix, AZ 85014**  
**(602) 265-7885**

---

**06/20/2025**

Dear Parent or Guardian:

**Madison Christian Children's Center** offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **MCCC** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2025 - June 30, 2026		
Household size	Yearly Income	Monthly Income
1	\$28,953	\$2,413
2	\$39,128	\$3,261
3	\$49,303	\$4,109
4	\$59,478	\$4,957
5	\$69,653	\$5,805

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support **MCCC** receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

**Madison Christian Children's Center**  
**Attn: Debi Martin**  
**6202 N. 12<sup>th</sup> St**  
**Phoenix, AZ 85014**

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **Debi Martin** at 602-265-7885 or [debi.mccc6202@gmail.com](mailto:debi.mccc6202@gmail.com).

Sincerely,

**Debi Martin**  
**Administrator**

This institution is an equal opportunity provider.  
"Free language assistance, auxiliary aids, and/or accommodations are available upon request. For more information, please contact Debi Martin or Ona Hanson."



**Madison Christian Children's Center**  
**6202 N. 12<sup>th</sup> Street**  
**Phoenix, AZ 85014**  
**(602) 265-7885**

---

### **CACFP Meal Benefit Income Eligibility Form Instructions**

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

#### **Instructions**

**Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.**

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

**Madison Christian  
Children's Center  
6202 N. 12<sup>th</sup> St  
Phoenix, AZ 85014**

#### **Step 1:**

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer Yes, mark the Foster Child box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If Yes, mark the correct boxes next to the child's name and go to Step 4.

#### **Step 2:**

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If Yes, write the case number in the box and go to Step 4. You only need to provide one case number. If No, go to Step 3.

#### **Step 3:**

Report current income for all household members. Skip this step if you answered Yes in Step 2.

How do you report child income? Turn the form over and use the Source of Income for Children chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the Source of Income for Adults chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the Check if no SSN box.

**Points to Remember:**

If:	Then:
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

**Step 4:**

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

**Optional**

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

**No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

*If you checked no, fill this out:*

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

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

Signature of Parent or Guardian:  
\_\_\_\_\_

If you have questions or need help, please contact **Debi Martin** at **602-265-7885** or **debi.mccc6202@gmail.com**.

Complete one application per household. Please use a pen (not a pencil).

**STEP 1**

List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Age	Foreign-Born	Child Migrant	Runaway	Homeless	If you checked any of these boxes, please refer to the Application Instruction's Step 1-Part C & Part D.
Check all that apply								

**STEP 2**

Do any household members (including you) participate in: SNAP, TANF, or FDIPIR?

NO → Go to STEP 3.     YES → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER): \_\_\_\_\_  
Write only one case number in this space.

**STEP 3**

List ALL household members and income for each member (before taxes and deductions)

**A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)**

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work			Public Assistance, Child Support, Alimony			How often received?			How often received?			Pensions, Retirement, Social Security, SV, VA Benefits, All Other			
	Weekly	Bi-Weekly	Monthly	Annual	Weekly	Bi-Weekly	Monthly	Annual	Weekly	Bi-Weekly	Monthly	Annual	Weekly	Bi-Weekly	Monthly	Annual
	\$				\$											
	\$				\$											
	\$				\$											
	\$				\$											
	\$				\$											

Total Household Members (Children and Adults)     Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Child Income: \$     How often received? Weekly  Bi-Weekly  Monthly  Annual

Check if no Social Security Number

**B. Child Income**  
Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income: \$

**STEP 4**

Contact information and adult signature. RETURN COMPLETED FORM TO (print address here)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Print Name of Adult Signing the Form:     Signature of Adult:     Today's Date:

Mailing Address (if available):     City:     State:     Zip:     Phone (optional):     Email (optional):

Please see application's back for list of income sources.

**SOURCES AND EXAMPLES OF INCOME**

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
<p><b>Earnings from Work</b></p> <ul style="list-style-type: none"> <li>Salary, wages, cash bonuses, tips, commissions</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, ESSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<p><b>Public Assistance/Alimony/Child Support</b></p> <ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A child is blind or disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A friend or extended family member regularly gives a child spending money</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>
<p><b>Pensions/Retirement/All other sources of income</b></p> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<p><b>All other sources of income</b></p> <ul style="list-style-type: none"> <li>Social Security/Disability (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	

**OPTIONAL**

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Ethnicity (check one):**  Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)

**Race (check one or more):**  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Return this completed form to your child's school. \*Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

**DO NOT FILL OUT** For official use only.

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	<input type="text"/>	Hourly (enter)	<input type="radio"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> Monthly <input type="radio"/> Annually	Household Size	<input type="text"/>	Categorical Eligibility	<input type="checkbox"/>	Eligibility	<input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Paid	Eligibility For Family Day Care Homes	<input type="radio"/> Tier I <input type="radio"/> Tier II
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date	<input type="text"/>	Verifying Official's Signature	<input type="text"/>	Date	<input type="text"/>

**Use of Information Statement**

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, Check if no Social Security Number. Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

**The contact information below is solely to file a complaint of discrimination**

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <http://www.fda.gov> or by contacting your State or local USDA office by writing 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 696-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.  
\*Do not mail applications to this address, only complaints of discrimination.