



MADISON CHRISTIAN  
CHILDREN'S CENTER



WE ACCEPT  
DES CLIENTS!

# Welcome BACK to SCHOOL

**TURN IN YOUR ENROLLMENT PACKET BY FRIDAY, JULY 25<sup>TH</sup>  
AND ATTEND OUR FAMILY NUTRITION NIGHT ON  
TUESDAY, JULY 29<sup>TH</sup> AND RECEIVE A 10% DISCOUNT ON  
TUITION FOR THE MONTH OF AUGUST.**

## SCHOOL AGE BEFORE SCHOOL

- Before School Care
- Free Breakfast
- Safe Walk Over to Rose Lane

## SCHOOL AGE AFTER SCHOOL PROGRAM

- Safe Walk Over from Rose Lane
- Afternoon Snack Provided
- Pick Up from Clubs
- Safe and Fun Activities & Crafts
- Homework Time Provided & Supported

## FULL AND HALF DAY PRESCHOOL AGE 2 TO 5

- Quality First Funded & Supported
- Qualified & Caring Teachers
- Flexible Schedules & Competitive Rates
- Awesome Community Where Families can Grow
- Age Appropriate Developmental Learning
- Play Based Curriculum
- Affordable Christian Care

**REGISTER NOW**



 [madisonchristianchildrenscenter.com](http://madisonchristianchildrenscenter.com)

 (602) 265-7885

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

 6202 N. 12<sup>th</sup> St Phoenix, AZ



**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 pediatrician's 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 School Year Agreement  
K – 4<sup>th</sup> Grade  
School Hours – 6:30am to 6:00pm

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

**Before and After School Programs**

Please check one of the following:

- |  |                   |
|--|-------------------|
| <input type="radio"/> After School Wednesday TCT only              | \$45.00 per week  |
| <input type="radio"/> Before School 5 days                         | \$40.00 per week  |
| <input type="radio"/> After School 5 days                          | \$95.00 per week  |
| <input type="radio"/> After School 4 days                          | \$75.00 per week  |
| <input type="radio"/> After School 3 days                          | \$55.00 per week  |
| <input type="radio"/> Before & After School 5 days                 | \$105.00 per week |
| <input type="radio"/> After School Drop In Rate (Except Wednesday) | \$40.00 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.

\_\_\_\_\_ **Half Day Release** (11:00am) will be charged an additional \$10 to be assessed and paid on the following weeks statement.

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

\_\_\_\_\_ **All day no school** will be charged an additional \$36 for After School only and \$34 for Before and After School to be assessed and due on following weeks statement.

\_\_\_\_\_ **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.

\_\_\_\_\_ **School Breaks** (Fall, Christmas, Spring) we are open except for Christmas Eve, Christmas Day and New Years Day and are included in this contract. There is no separate contract and all regular fees will continue to be charged regardless of whether your child attends during breaks or not. If you child does attend during breaks, an additional fee of \$36 for After School only and \$34 for Before and After School to be assessed and due on following weeks statement.

\_\_\_\_\_ **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 of 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 PROCARE 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 you deposit (as explained above) as well as your child's position in the center. **The deposit is non-refundable.**

*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 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% if my total account.*

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

Parents Name (printed): \_\_\_\_\_

**Madison Christian Children's Center  
School Year 2025 - 2026 Enrollment Packet  
K-4<sup>th</sup> Grade**

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

**Preferred 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:

**Preferred 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>
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\*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>	
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The following individual(s) may NOT remove my child from the facility:

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

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## **Authorization to walk children to and/or from Madison Rose Lane Elementary School**

I hereby grant authorization to Madison Christian Children's Center and its representatives and employees to walk my child to and/or from Madison Rose Lane Elementary School.

A.M. Students will be walked over to Rose Lane at 7:20 a.m. Afternoon students will be met at a central location at Rose Lane by our staff at 2:30 p.m. on Monday, Tuesday, Thursday and Friday, and 1:00 p.m. on TCT Wednesdays and walked over to Madison Christian Children's Center. **Please advise us of any clubs or groups your child is in so we can make sure to pick them up at their release time.**

I understand that my child will be included in a line of students crossing from one school to the other. I further understand that there will be one teacher in front of the line and one in the back of the line, and we will maintain state teacher to student ratios at all times.

I agree to the above conditions and hereby grant Madison Christian Children's Center authorization as stated.

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

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

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

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



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*Madison Christian Children's Center*  
*Homework Program*

To support our children's academics and education, part of our afterschool program includes a 45-minute Study Hall, usually conducted between 4:00pm and 4:45pm with limited teacher assistance. We do not have the Homework Program on Fridays, which is our movie day.

It is the student's responsibility to produce and work on their own homework. Students are encouraged to use this time wisely to complete their homework independently.

If your child truly does not have homework that day, we have books available for them to read. Your child is expected to participate in this time either by doing their homework or reading quietly to themselves.

Parents, you are ultimately responsible for checking your child's homework and making sure that homework is completed and to sign their homework, reading log sheets, etc. This is not the responsibility of the teachers here at MCCC.

By checking the circle "Yes" and signing below, you are agreeing to allow your child to participate in the Homework Program. Please communicate to your child the responsibility of using this time effectively.

Thank You,

MCCC Staff

- Yes, I agree that my child will participate in the Homework Program daily.
- No, I would prefer my child complete their homework at home. I understand and will communicate that my child will be required to remain quiet and read during homework time.

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

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

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



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### 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: \_\_\_\_\_



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### **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.



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**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."

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**.



**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, FSSA, 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 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>Pensions/Retirement/All other sources of income</b></p>	

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

Total Income	<input type="text"/>	How often?	<input type="radio"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> Twice a Month <input type="radio"/> Monthly <input type="radio"/> Annual	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 Informational 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/paternal 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 (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 How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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