# Madison Christian Children's Center

Greetings Parents and Students!!

Welcome to Madison Christian Children's Center, my name is Jenn Nowak and I am the Director. We are so blessed that you have chosen us for your childcare needs. The center provides quality care for children ages 2 years old through Pre-Kindergarten and then supports before and after school care for Rose Lane Elementary School. We are only able to support Rose Lane as we do not have transportation to the other schools.

The school year program begins on Tuesday, August 10, 2021 through Wednesday, May 25, 2022. We will be open for all day care for Toddlers (2 year old), Preschool, and School Age students, for your convenience beginning August 10th, in a full day capacity to support families that work outside of the home. Please review the contract as we will have full day rates; before school rates; and after school rates for when Rose Lane is back on campus.

During the school year our Preschool lessons are created using the Infant/Toddler Guidelines and the Arizona Early Learning Standards to prepare the younger ones for Kindergarten. We are a 3 Star Rated Center in the Quality First Program and are striving to provide a quality program in a safe environment for children to learn and grow. Through a variety of different ways, the children learn to work together, encourage and build social skills, while supporting their emotional needs.

Our School Age program is available for both Before and After School. The center opens at 6:30am and the staff will walk them over to Rose Lane at 7:20am. Breakfast is available before walking over to Rose Lane in the morning. The After-School program starts once the school bell rings at 2:30 on Monday, Tuesday, Thursday, and Friday, as well as 1pm on Wednesdays for TCT Days. The After-School program activities include snack time, Bible Time, Gym Time, Organized games activities, Free Time, and Homework Time.

Both our Preschool Program and School-Age Programs are created to support parents in their children's educational needs. Our school has been around for over 30 years and we have enjoyed supporting families and watching children learn and grow.

In His service,

Jenn Nowak
Director of Madison Christian Children's Center
602-265 -7885
mccc6202@gmail.com

# Madison Christian Children's Center Contact Information

MCCC School Director – Jenn Nowak

602-265-7885

mccc6202@gmail.com

MCCC School Billing and Administrator – Debi Martin

602-265-7885

debi.mccc6202@gmail.com

Children's Ministry Director – Ona Hanson

602-265-7885

ona@madisonphx.org

Madison Baptist Church Senior Pastor – Bryan Weide

602-277-1720

pastorb@madisonphx.org

Madison Christian Children's Center
2021-2022 Preschool Agreement
3 – 5 Years Old
School Hours – 6:30am to 6:00pm
**Annual Registration Fee: $65 per family (Non-Refundable) paid annually**

Tuition and Childcare Fees:
Please check one of the following:

| | |
|---|---|
| ○ Full Time (5 full days) | $195.00 per week |
| ○ Five Days (9am to 12pm ONLY) | $120.00 per week |
| ○ Three Days (full day) | $120.00 per week |
| ○ Three Days (9am to 12pm ONLY) | $80.00 per week |
| ○ Drop-In Daily Rate | $50.00 per week |

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, Good Friday, Memorial Day, and Independence Day. We close the Thursday and Friday 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 emailed 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 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 you 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 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# _____

**Madison Christian Children's Center**
**School Year 2021 - 2022 Enrollment Packet**
**3-5 years old**

| | |
|---|---|
| Child's Name (first and last): | |
| Gender: ☐male ☐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 brightwheel 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: _____

ADHS
LICENSING

CDC/SGH# or name:_____

**Arizona Department of Health Services**
**Bureau of Child Care Licensing**

# Emergency, Information and Immunization Record Card

| **Child's Name:** | **Date Enrolled:** | Updated: |
|---|---|---|
| **Home Address (#, Street, City, State, Zip Code):** | | **Date Disenrolled:** |
| **Home Phone:** | **Date of Birth:** | **Sex:** ☐ **male** ☐ **female** |

| **Parent or Guardian Name:** | **Home Address (#, Street, City, State, Zip Code):** |
|---|---|
| Cell Phone (optional): | **Contact Telephone Number:** |

| **Parent or Guardian Name:** | **Home Address (#, Street, City, State, Zip Code):** |
|---|---|
| Cell Phone (optional): | **Contact Telephone Number:** |

**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.)**

| **Name:** | **Contact Telephone Number:** |
|---|---|
| **Name:** | **Contact Telephone Number:** |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |

If Medical care is necessary, call:

| **Health Care Provider*** | **Name:** | **Contact Telephone Number:** |
|---|---|---|

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

| **In case of injury or sudden illness, I request that this individual be called first:** | |
|---|---|

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

| Name(s): |
|---|

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 or contact the Arizona Immunization Program Office at (602)364-3630.

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

| | |
|---|---|
| ☐ | Copy of current official documented immunization record attached |
| ☐ | Religious Beliefs exemption form signed by parent/guardian attached |
| ☐ | Medical Exemption form signed by physician and parent/guardian attached |
| ☐ | 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?<br>**If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:** | ☐ **No** ☐ **Yes** |
| Is child usually susceptible to infections and if so, what precautions need to be taken?<br>**If yes, list precautions:** | ☐ **No** ☐ **Yes** |
| Is child subject to convulsions and what should be our procedure if one occurs?<br>**If yes, specify procedure:** | ☐ **No** ☐ **Yes** |
| 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.)?<br>**If yes, list precautions:** | ☐ **No** ☐ **Yes** |
| 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**

# 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 shows 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 behavior at times, however, and it is our job at Madison 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 Madison considers the following behaviors as 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 a maladaptive way*
*Sexually inappropriate behavior or language*
*Removing items of clothing*
*Behavior determined to be unacceptable/inappropriate by the Director*
*Aggressive behavior that may harm others or the child himself*
*Bullying*
*Biting*

This is the Madison's 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 child is no longer in distress, teacher will have child practice the better choice
- If the behavior persists: The teacher will assist child in co-regulation- she will help the child calm down through use of "think time" or "time in". Teacher is present with child throughout this process
    - A note will be sent home to parents
- If behavior still persists: The director will be notified of the occurrence in the classroom, and will step into 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 notes are sent home to parents, a parent-teacher-director behavior support meeting will need to be held to discuss next steps

    - Parents must attend 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 site. If all other solutions are exhausted, we may resort to:

- 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
- Suspension of your child
    - If a parent has yet to meet for a behavioral support meeting with the team
- Termination of enrollment
    - If behavioral contract is unsuccessful, if parents refuse to engage in support process, or if the site finds they cannot meet child's needs

This is the MCCC approach to biting behavior:

- The first time a biting offense occurs, the child will be removed from the group and placed in a "time out" while the Teachers comfort the child that was bitten.
    - After the "time out", the Teacher will reinforce that biting is not okay and discuss with the child appropriate responses or behaviors. Both sets of parents will be notified upon arrival for pick-up.
- The second time a biting offense occurs, the parents of the child that bit will be notified, the child will be sent home, and will not be able to return for 3 days.
    - A parent – teacher conference will be scheduled to discuss different strategies used in the classroom and at home to avoid another biting incidence from occurring again.
- The third time a biting offense occurs, the child's parents will be notified, and the child will be sent home.
    - A meeting with the MBC Pastor, MCCC Director, Teacher, and Parents will be scheduled. The final plan of action will be discussed at the meeting and is at the discretion of the MBC Leadership Team.

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 Children's Center as it relates to various behavioral issues. Any questions regarding these policies should be discussed with the school director.

My relationship with the Madison 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 North 12th Street, Phoenix AZ 85014
Phone: (602) 265-7885

Director: Jenn Nowak
mccc6202@gmail.com

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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 preschool website, 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 BOX:
☐ I agree to the above conditions and hereby grant **Madison Christian Children's Center** authorization to use my child's photograph for any lawful purpose including publicity, illustrations, and advertising.

☐ I do NOT give 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: _____

Madison Christian Children's Center
6202 North 12th Street, Phoenix AZ 85014
(602)265-7885
mccc6202@gmail.com

# These are a few of _____ favorite things…

(child's FIRST and LAST name)

**Fill in the blanks**

I am _____ years old. I have _____hair and _____ eyes. My birthday is on _____ . I have _____ brothers and _____ sisters.

Color: _____ Food: _____

Animal: _____ Movie: _____

Sport: _____ Game: _____

Song: _____ Book: _____

## Tell us about your child

- How would you describe your child's personality?

_____

_____

- What is your child's favorite subject/activity?

_____

_____

- Does your child enjoy reading/being read to? What are his/her favorite book(s)?

_____

_____

- What are your child's strengths?

_____

_____

_____

- Has your child met their milestones within a reasonable time frame or earlier (i.e. sitting, crawling/walking, speaking, potty training, writing etc.)? Please explain.

_____

_____

_____

- What are you hoping for your child to learn this year?

_____

_____

- In what area(s) would you like to see your child grow?

_____

_____

- How would you describe your child's learning style?

_____

_____

- What motivates your child?

_____

_____

- What types of discipline is your child used to at home?

_____

_____

- What does your child like to do for fun outside of school?

_____

_____

- Is your child involved in any extracurricular activities? If so, please list.

_____

_____

- Do you have any concerns you would like to share? Please explain...

_____

_____

_____

- Please feel free to add any additional information you think would be helpful.

_____

_____

_____

_____

**Parents:** Thank you for taking the time to complete this family input form and helping us learn more about your child. This information will help us make learning for your child an enjoyable experience, which will promote a positive learning experience.

**Parent Signature:** _____ **Date:** _____

Teacher Signature: _____ Date: _____

Arizona Department of Education
Health and Nutrition Services

# Child and Adult Care Food Program Meal Benefit Income Eligibility Letter (Child Care Non-Pricing) FY 2022

Dear Parent/Gaudian:

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

| FEDERAL ELIGIBILITY INCOME CHART For 2021-2022 | | | |
|---|---|---|---|
| Household size | Yearly | Monthly | Weekly |
| 1 | 23,828 | 1,986 | 459 |
| 2 | 32,227 | 2,686 | 620 |
| 3 | 40,626 | 3,386 | 782 |
| 4 | 49,025 | 4,086 | 943 |
| 5 | 57,424 | 4,786 | 1,105 |
| 6 | 65,823 | 5,486 | 1,266 |
| 7 | 74,222 | 6,186 | 1,428 |
| 8 | 82,621 | 6,886 | 1,589 |
| Each additional person: | 8,399 | 700 | 162 |

Please fill out the attached *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support Madison Christian Children's Center receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please return the forms to Debi Martin - Administrator.

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.

Sincerely,

Debi Martin

Debi Martin
MCCC Administrator

**Arizona Department of Education**
**Health and Nutrition Services**

*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: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint (How to File a 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*
   *Washington, D.C. 20250-9410;*
2. *fax: (202) 690-7442; or*
3. *email: program.intake@usda.gov.*

This institution is an equal opportunity provider.

Arizona Department of Education
Health and Nutrition Services

## Instructions for Completing the CACFP Meal Benefit Income Eligibility Form for Adult Participants

| | |
|---|---|
| **If your household receives SNAP, FDPIR, SSI or AHCCCS, follow these instructions:** | |
| **Part 1:** | List only the adult participant's names. |
| **Part 2:** | List the case number for any household member receiving SNAP, FDPIR, SSI, or AHCCCS benefits. |
| **Part 3:** | Skip this part. |
| **Part 4:** | A responsible adult must sign the form. The last four digits of a Social Security Number is not necessary. |
| **Part 5:** | Optional. Answer this question if you choose. |
| **ALL OTHER HOUSEHOLDS, follow these instructions:** | |
| **Part 1:** | List only the adult participants' names. For any participant with no income, you must check the "No Income Box." |
| **Part 2:** | Skip this part. |
| **Part 3:** | Follow these instructions to report total household income from this month or last month:<br><br>**Column A – Name:** List only the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if needed.<br><br>**Column B – Gross Income and How Often it was Received:** For each household member who is a **spouse, or dependent of the participant**, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month or monthly:<br><br>**Box 1:** List the **gross income,** not the take-home pay. Gross income is the amount earned before.<br><br>**Box 2:** List the amount each person received that month from welfare, child support, and alimony.<br><br>**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.<br><br>**Box 4:** List all other income sources, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, etc. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or receive combat pay, do not include this housing allowance as income. For the self-employed, under *Earnings from* Work, report business, farm, or rental property income after expenses. |
| **Part 4:** | A responsible adult must sign the form and list the last four digits of their Social Security Number. |
| **Part 5:** | Optional. Answer this question if you choose. |

# 2021-2022 Child and Adult Care Food Program Meal Benefit Income Eligibility Application

*Complete one application per household. Please use a pen (not a pencil).* **(Child Care Centers)**

## STEP 1 List ALL Household Members who are infants, children, and students up to and including age 18 (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

| Child's First Name | MI | Child's Last Name | Age | Enrolled? Yes | Enrolled? No | Foster Child | Homeless, Migrant, Runaway |
|---|---|---|---|---|---|---|---|
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | ☐ | ☐ | ☐ | ☐ |

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

**If NO** > Go to STEP 3. **If YES >** Write a case number here then go to STEP 4 (Do not complete STEP 3)

**Case Number:**

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

| Child income | How often? Weekly | Bi-Weekly | 2x Month | Monthly |
|---|---|---|---|---|
| $ | ○ | ○ | ○ | ○ |

### B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) 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 income fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and Last) | Earnings from Work | How often? Weekly | Bi-Weekly | 2x Month | Monthly | Public Assistance/ Child Support/Alimony | How often? Weekly | Bi-Weekly | 2x Month | Monthly | Pensions/Retirement/ All Other Income | How often? Weekly | Bi-Weekly | 2x Month | Monthly |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |
| | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ | $ | ○ | ○ | ○ | ○ |

**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member** X X X X X

**Check if no SSN** ☐

## STEP 4 Contact information and adult signature

"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 determining officials may verify (check) 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."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult signing the form Signature of adult Today's date

## INSTRUCTIONS | Sources of Income

### Sources of Income for Children

| Sources of Child Income | Example(s) |
|---|---|
| - Earnings from work | - A child has a regular full or part-time job where they earn a salary or wages |
| - Social Security<br>- Disability Payments<br>- Survivor's Benefits | - A child is blind or disabled and receives Social Security benefits<br>- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits |
| -Income from person outside the household | - A friend or extended family member regularly gives a child spending money |
| -Income from any other source | - A child receives regular income from a private pension fund, annuity, or trust |

### Sources of Income for Adults

| Earnings from Work | Public Assistance / Alimony / Child Support | Pensions / Retirement / All Other Income |
|---|---|---|
| - Salary, wages, cash bonuses<br>- Net income from self-employment (farm or business)<br><br>If you are in the U.S. Military:<br><br>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)<br>- Allowances for off-base housing, food and clothing | - Unemployment benefits<br>- Worker's compensation<br>- Supplemental Security Income (SSI)<br>- Cash assistance from State or local government<br>- Alimony payments<br>- Child support payments<br>- Veteran's benefits<br>- Strike benefits | - Social Security (including railroad retirement and black lung benefits)<br>- Private pensions or disability benefits<br>- Regular income from trusts or estates<br>- Annuities<br>- Investment income<br>- Earned interest<br>- Rental income<br>- Regular cash payments from outside household |

## OPTIONAL | Children's Racial and Ethnic Identities

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 ☐ Not Hispanic or Latino

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

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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: *https://www.usda.gov/oascr/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:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

## 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

**Total Income**

How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

**Household Size**

**Categorical Eligibility** ☐

Eligibility: Free ○ Reduced ○ Paid ○

**Determining Official's Signature** **Date**

**Confirming Official's Signature** **Date**