



MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT ([www.mcpasd.k12.wi.us](http://www.mcpasd.k12.wi.us))  
 REGISTRATION OFFICE – 7106 SOUTH AVENUE, MIDDLETON, WI 53562 PHONE 608.829.9031 FAX 608.836.1536

### 4K REGISTRATION PROCEDURE

#### WHO IS ELIGIBLE TO ATTEND:

In accordance with the Middleton-Cross Plains Area School District’s Admission Policy, any child who physically resides in the District for a purpose other than school attendance may be considered a resident student and may be eligible for tuition-free admission to the District’s schools. 4K School Assignment is based on your transportation choice. Please review enrollment packet to determine your preferred site selections. However, the district reserves the right to assign students outside of the attendance boundary based on enrollment, class size or program needs if necessary.

#### WHAT IS NEEDED TO REGISTER:

Please have the following information available when you submit your registration documents. Your child will not be enrolled until all required documentation is received.

- Proof of Residency** (a copy of one of the following):
  - Current Lease Agreement - (name, address, effective date and all parties signatures, both landlord and tenant)
  - Accepted Purchase Agreement – for a newly purchased home (name, address, occupancy or closing date and signatures) followed by MG&E or Alliant statement after move in
  - Building Contract & Building permit - (including name, address, projected completion date, and all signatures) followed by an occupancy permit upon move in
  - Current Utility (Gas, Water or Electric statements only- name, date, service address)
- Proof of student’s age** (please be prepared to present one of the following for verification of legal name, date of birth and place of birth):
  - Birth Certificate
    - ❖ For information on how to request a Birth Certificate, please go to: <http://dhs.wisconsin.gov/vitalrecords/birth.htm> or call Wisconsin Department of Health Services at (608) 266-1371.
- Immunization Record:** The Wisconsin Immunization Registry (WIR) is a computerized internet database application that was developed to record and track immunization dates of Wisconsin children and adults. <https://www.dhs.wisconsin.gov/immunization/wir.htm> or your personal records.

#### FORMS:

The family will be asked to complete and return the following forms:

- Student Enrollment Form
- Site Selection preferences
- Transportation forms
- Immunization form and/or records
- Resident Status Verification (If family has not established residency in their own name), *if applicable* <https://tinyurl.com/yb3wlx8s> Forms are also available on our 4K website <http://www.mcpasd.k12.wi.us/mcpasd4k/>

#### WHERE DO YOU REGISTER:

#### Online submission is preferred.

You may email [rkelse@mcpasd.k12.wi.us](mailto:rkelse@mcpasd.k12.wi.us) with questions.

You may also fax the enrollment or stop by the District Office (information provided below)  
 Registrar’s Office (608) 829-9031  
 Middleton-Cross Plains Area School District  
 District Administrative Center  
 7106 South Avenue  
 Middleton, WI 53562

Phone:(608) 829-9067  
 Fax: (608) 836-1536  
 Registration hours: Monday – Thursday (7:30am – 4:00pm)  
 Fridays by appointment

Non English Speaking families: Please call 829-9031 to set up an appointment only if an interpreter is necessary.

**MCPASD- 4K PROGRAM**  
 7106 South Ave  
 Middleton, WI 53562  
 FAX: (608) 836-1536  
 Phone: (608) 829-9067  
[rkelse@mcpasd.k12.wi.us](mailto:rkelse@mcpasd.k12.wi.us)



MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT  
 REGISTRATION OFFICE – 7106 SOUTH AVENUE, MIDDLETON, WI 53562 PHONE 608.829.9031 FAX 608.836.1536  
**4K STUDENT ENROLLMENT FORM**

KG SCHOOL: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_  
 COMPLETE: \_\_\_\_\_

**Registrar's Office Information – To be filled out by school official only**

Student ID#-	Proof of Residency-			Proof of Age-		Staff Initials-
	Utility	Lease	Home Purchase	Birth Certificate	Passport	

**STUDENT INFORMATION – To be filled out by parent or legal guardian:**

Last Name ( <i>legal</i> )		First Name ( <i>legal</i> )		Middle Name ( <i>legal</i> )		Suffix
Birth Date	Gender	Age	Nickname		Student Cell Phone ( <i>if applicable</i> )	
Birth City		Birth County		Birth State		Birth Country ( <i>if outside of US</i> )

**STUDENT ENROLLMENT INFORMATION**

Start Date <b>9/4/2018</b>	School Name <b>DETERMINED BY 4K staff</b>	Grade <b>4K</b>	School Year <b>2018-2019</b>	<b>TRANSPORTATION?</b>	
				<b>YES</b>	<b>NO</b>
Last School Attended ( <i>name of school, city, state, zip</i> )			First Date in US Schools ( <i>if attended school in another country</i> )		

**PRIMARY GUARDIAN HOUSEHOLD INFORMATION**

Household Address		Apt	City		State	ZIP
Household Phone		Tax/Municipality ( <i>if known</i> )		District Boundary Schools ( <i>if known</i> )		
Temporary/Interim Address ( <i>if applicable</i> )			City		State, Zip	End Date
Adult Guardian Last Name		Adult Guardian First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		
*Adult Last Name		Adult First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		*If not legal guardian, to be used as Emergency Contact? <b>YES</b> <input type="radio"/> <b>NO</b> <input type="radio"/>
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date		Grade	Gender
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date		Grade	Gender
Sibling Last Name	Sibling First Name	Sibling Middle Name	Birth Date		Grade	Gender

**SECONDARY GUARDIAN HOUSEHOLD INFORMATION (If Applicable, only fill out if other guardian lives outside of the Primary Home)**

Household Address		Apt	City		State	ZIP
Household Phone		Household Email Address				
Adult Guardian Last Name		Adult Guardian First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		
*Adult Last Name		Adult First Name		Middle Name	Relationship	
Work Phone		Cell Phone		Email Address		*If not legal guardian, to be used as Emergency Contact? <b>YES</b> <input type="radio"/> <b>NO</b> <input type="radio"/>

ADDITIONAL CONTACTS					
Local Contact Last Name	Local Contact First Name	Home Phone	Work Phone	Cell Phone	Relationship
Local Contact Last Name	Local Contact First Name	Home Phone	Work Phone	Cell Phone	Relationship
Doctor's Last Name	Doctor's First Name	Clinic	Clinic Phone	Hospital	
MILITARY CONNECTIONS					
			<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1.	Is either parent or guardian on active duty in the military? WHO? _____				
2.	Is either parent or guardian a traditional member of the Guard or Reserve? WHO? _____				
3.	Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? WHO? _____				
SPECIAL NEEDS					
			<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
1.	Does the student currently receive "special education" services?				
2.	Has the student been evaluated for "special education" services?				
3.	Does the student currently receive "504 accommodations"?				
4.	Does the student current receive any other special services?				
HEALTH CONCERNS					
			<b>YES</b>	<b>NO</b>	<b>COMMENTS/EXPLANATION</b>
1.	Does the student have vision difficulty? (If yes, explain.)				
2.	Does the student have hearing difficulty? (If yes, explain.)				
3.	Does the student have asthma? (If yes, explain.)				
4.	Does the student have an inhaler at school? (If yes, explain.)				
5.	Does the student self-carry an inhaler?				
6.	Does the student have allergies? (If yes, explain.)				
7.	Is an epi-pen prescribed?				
8.	Does the student have diabetes, type 1?				
9.	Does the student have diabetes, type 2?				
10.	Has the student ever had a seizure? (If yes, explain)				
11.	Is there medication to be required at school? (If yes, explain)				
12.	Are there other health concerns the school should be aware of? (If yes, explain)				
PRIVACY/TECHNOLOGY					
			<b>YES</b>	<b>NO</b>	
1.	May student and household information be published in the student directory? (See explanation under DISCLOSURE on p.3)				
2.	May the student's name and other directory data be released in accordance with School Board policy 347(a) 4? explanation (See under Disclosure on p. 3)				
3.	May the student appear on the District Education Channel and any Middleton Cross Plains School District produced media (example: Video, web, classroom video, etc.)? THIS RELEASE INCLUDES YEARBOOK				
4.	May the student's photo and/or name (when appropriate) be published on the District-sponsored web page?				

**RACE AND ETHNICITY DATA**

The school district is required by state & federal law to ask the following two questions concerning race and ethnicity. Please answer the following 2 part question.

❖❖ Is this student Hispanic or Latino? **(you must select at least one)**

Yes, Hispanic or Latino  No, neither Hispanic nor Latino

❖❖ Select **one or more** of the following categories that apply to this person **(you must select at least one)**:

American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  Black or African American  White

**STUDENT ACCIDENT INSURANCE WAIVER**

The Middleton-Cross Plains Area School District does **NOT** provide accident insurance coverage for student injuries incurred at school or from participation in school affiliated activities, (i.e.: athletics or clubs). The school district recommends that you review your current health and accident insurance to determine if coverage is adequate for your student. If you do not have insurance coverage, or you wish to supplement the insurance coverage you currently have for your student, the school district offers a voluntary (parent/guardian paid) student accident insurance plan.

For more information regarding the voluntary student accident insurance plan or to obtain an application form, please go to the following link: [www.1stagency.com/voluntarvaccidentcoverage.htm](http://www.1stagency.com/voluntarvaccidentcoverage.htm) and then follow directions by choosing STATE (Wisconsin) and SCHOOL DISTRICT (Middleton-Cross Plains Area School District).

**Please initial the waiver statement below if you are not interested in the voluntary student accident insurance plan for your student.**

\_\_\_\_\_/we have adequate insurance coverage for our student in the event of an accident or injury that would occur while our student is at  
(Parent/Guardian initials)  
 School or from participation in school affiliated activities.

**DISCLOSURE**

**Student Directory:** (#1 under Privacy/Technology Questions) Student directories are published and distributed to families to facilitate communication between students, parents and staff. Any other use is prohibited. This information is publishable unless notified in writing by the Parent/Legal Guardian within fourteen (14) days of registration.

**Student Directory Data:** (#2 under Privacy/Technology Questions) "Directory data" means those student records that include the student's name, address, telephone listing, photograph, date of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, year in school, dates of attendance, degrees and awards received, and the name of the school most recently previously attended by the student. This release includes the student's school yearbook.

Student Directory Data is considered public information and may be released to persons and the media unless otherwise notified in writing by Parent/Legal Guardian within fourteen (14) days of registration (Wis. Stats. 118.125). Objections to the release of records should be filed with the building principal.

**Technology Acceptable Use Agreement:** The use of computer technology in the schools must be consistent with the educational objective of the school district. Deliberate transmission of any material in violation of any U.S. or state regulation is prohibited. The District retains the right to monitor all data stored on hard drives and servers for compliance. Permission is assumed unless notified in writing by the Parent/Legal Guardian within fourteen (14) days of registration.

**Health Information:** Your signature grants permission for health information to be shared with the contacts listed, if needed, to remove your child from school if needed for illness or injury. You may also give permission on day of incident for others to remove child.

**Expulsions:** I hereby certify that the child listed above has not been expelled from and is not the subject of any pending expulsion proceeding in another school district.

***I agree that the information provided herein is complete and accurate. I understand that this information is being used by the school district for the purposes of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent or invalidate my child's enrollment in school. I agree I will promptly inform the school district of any changes in this information, including any changes in my address or the residency of my child.***

***I agree, as a 4K Parent/Legal Guardian, I give permission for Wisconsin DCF(1) to inspect my child's 4K student records only for the purpose set forth in Wisconsin Administrative Code DCF 251.12, and only during the period in which my child is enrolled in 4K at a community provider site.***

**SIGNATURE REQUIRED:**

SIGNATURE OF PARENT/LEGAL GUARDIAN:

>>

DATE SIGNED

Student Information			
Student Name		Grade	

## Purpose of the Home Language Survey

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

## Section 1

1. Was the first language used by this student English?

- Yes: Go to Question 2
- No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Go to Question 4
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

- Yes: Go to Question 8
- No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?

- Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

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**Section 2**

**Languages other than English used by the student, if identified:** \_\_\_\_\_

Parent/Guardian preference for languages used for school communications (may be multiple):			
Parent/Guardian Name			
Oral		Written	
Parent/Guardian Name			
Oral		Written	

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

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

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

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

-----  
**Section 3 (FOR OFFICE USE ONLY)**

HLS Result: Screen / Do not Screen (circle one)

HLS administered by: \_\_\_\_\_, position: \_\_\_\_\_.

Date of Administration: \_\_/\_\_/\_\_

CC: One printed copy in student cumulative file  
One scanned copy to Bilingual Services (Only if HLS indicates English Language Proficiency screening is required) with records request

Family Name: \_\_\_\_\_

## McKinney-Vento Homeless Assistance Act Eligibility Form

(Please complete one form per family)

Please check the line(s) below that best describes the *student's* living situation. The purpose of this form is to provide information to help make a determination of eligibility for rights and services under the McKinney-Vento Homeless Assistance Act.

### Is the student(s) living in any of the following situations (check all that apply)?

- Sharing housing with others due to loss of housing, economic hardship or similar reason
- Staying in a shelter (family, domestic violence or youth shelter)
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
- Living in transitional housing (case management *and* subsidy *and* time limited)  
Name and number of case manager \_\_\_\_\_
- Living in other situations that are not fixed, regular or adequate for nighttime residence.
- Children/youth living in a homeless situation who are also not under the care of a parent and/or legal guardian
- Migratory children who live in any of the circumstances as described above
- Although now permanently housed, my family was identified under McKinney-Vento during the current school year. If yes, which district: \_\_\_\_\_

***If you checked any of the above please complete the remainder of this form and submit to school personnel. If you did not check any of the above, you do not need to complete or submit this form.***

Please list all children in the household (up to age 21):

Name	Date of Birth	School

This form will be shared with MCPASD Transitional Education Program Social Worker Chris Mand. Chris will follow-up with you regarding eligibility for services. Completing this form will not automatically result in services under the McKinney-Vento Homeless Assistance Act. Please contact Transitional Education Program Social Worker, **Chris Mand, at (608) 826-7766**, for more information and/or questions.

*This information is confidential and shall be kept for the current school year only*



# MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

## 4K Site Preferences for Children Requiring District Transportation

### **\*COMPLETE THIS FORM IF YOU REQUIRE TRANSPORTATION\***

Child's Legal Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
PLEASE PRINT PLEASE PRINT

Children requiring transportation for the 4K program will attend the **morning session (8:57 am-11:30 am)** with the exception afternoon transportation at specific sites as listed below. The 4K office will place your child in a site based on your attendance area school and site availability. Confirmation of 4K placements will be sent to families the last week of April.

If you prefer a specific site please rank your choices: 1, 2, 3 (if applicable) and the 4K office will take them into consideration when placing students. **The final decision on all 4K placements is made by the 4K Principal and District Administration.**

*PLEASE NOTE: If your child requires transportation to and from 4K from a child care provider's address (located within the MCPASD) site selection will be based on THAT address, not your home address. Questions? Call the 4K office at 608.829.9067*

**4K Class Times:**  
**Morning: 8:57 -11:30 am**  
**Afternoon: 12:12 – 2:45 pm**

#### **Elm Lawn Elementary Bussing Sites:**

Kids Junction Pre-School \_\_\_\_\_  
Little Red Pre-School \_\_\_\_\_ AM & PM transportation  
Elm Lawn Elementary \_\_\_\_\_AM & PM transportation

#### **Northside Elementary Bussing Sites:**

Club House-Middleton \_\_\_\_\_  
Little Red Pre-School \_\_\_\_\_  
Middleton Baby and Childcare \*Bilingual Staff \_\_\_\_\_  
AM & PM transportation)  
Primrose \_\_\_\_\_

#### **Park Elementary Bussing Sites:**

Little Cardinal's Academy \_\_\_\_\_  
Little Red @ St. Martins \_\_\_\_\_ AM & PM transportation

#### **Sauk Trail Elementary Bussing Sites:**

Little Red Pre-School \_\_\_\_\_  
Pooh Bear Childcare and Pre-School \_\_\_\_\_  
Middleton Baby and Childcare \*Bilingual Staff \_\_\_\_\_

#### **Sunset Ridge Elementary Bussing Sites:**

Clubhouse for Kids- Middleton \_\_\_\_\_  
Pooh Bear Childcare and Pre-School \_\_\_\_\_  
Primrose School of Middleton \_\_\_\_\_

#### **West Middleton Elementary Bussing Sites:**

Academy for Little Learners \_\_\_\_\_  
Kids Junction \_\_\_\_\_



# MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

Para cualquier pregunta o si necesita ayuda en español, por favor contacte a 829-9029.

## Request for 4-Year-Old Kindergarten Transportation for the **2018-2019** School Year

Parent/Guardians' Name \_\_\_\_\_ Date \_\_\_\_\_

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**REMINDER: TRANSPORTATION IS PROVIDED FOR THE MORNING SESSION OF 4K ONLY, DO NOT COMPLETE THIS FORM IF YOUR CHILD IS ATTENDING THE AFTERNOON SESSION OF 4K.**

### TRANSPORTATION TO SCHOOL

Check the following days of the week to provide transportation (TO) school from this address:

Not Needed or  M  T  W  R  F

SAME AS ABOVE or  CHILD CARE PROVIDER:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone : \_\_\_\_\_

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### TRANSPORTATION FROM SCHOOL

Check the following days of the week to provide transportation (FROM) school to this address:

Not Needed or  M  T  W  R  F

SAME AS ABOVE or  CHILD CARE PROVIDER:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone : \_\_\_\_\_

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### Requests will be honored and processed contingent upon the following conditions:

1. Request must be from only one address to school and to only one address from school.
2. Only a limited number of changes of provider will be accepted during the year. Each change will require a new set of forms.
3. Students must reside within their specific school attendance area and be in the MCPASD attendance area in order for Child care transportation to be provided. If you do not reside in the district and/or are outside of your attendance area this arrangement would be considered via a Student Contract from our office. Please contact the Transportation Office for details. (608) 829-2365
4. Parent must contact Transportation Center if transport is scheduled and ride is not needed on a particular day.
5. **Parent/child care provider must meet the bus at the scheduled stop when returning student from school.**
6. Failure to be ready for the bus at the stop in a timely fashion more than three (3) times in a semester will result in suspension of transportation privilege.

**\*\*TO BE COMPLETED BY DISTRICT 4K AND TRANSPORTATION STAFF\*\***

**4K Site Assignment: 4K OFFICE COMPLETES**

**4K Staff Signature:** \_\_\_\_\_

Please Note: The bottom portion of this form will be mailed to families prior the start of the 4K school year to confirm transportation.

#### **Dear Parent/Guardians:**

Your request is hereby granted subject to the conditions and qualifications listed above.

Your request has not been approved.

Stop Location & time: To School \_\_\_\_\_ From School \_\_\_\_\_

Bus Number: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Transportation Center: \_\_\_\_\_

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



# MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT 4K REGISTRATION – SITE SELECTION PREFERENCES

**\*Complete this form if you DO NOT require district transportation\***

Child’s Legal Name \_\_\_\_\_ Child’s Date of Birth \_\_\_\_\_

*Middleton-Cross Plains 4K Partner Locations*

**Academy For Little Learners \*AM ONLY**  
Address: 9649 Silicon Prairie Parkway, Verona 53593  
Contact: Betsy Erdman 608.826.5437

**Kids Junction Pre-School \*AM ONLY**  
Address: 8084 Watts Road, Madison 53719  
Contact: Sandra Olsen 608.827.5437

**Little Red Pre-School - Middleton**  
Address: 7739 Terrace Avenue, Middleton 53562  
Contact: Courtney/Karen Meinholz/Diane Olson  
608.831.0033

**Middleton Pre-School \*PM ONLY**  
Address: 7118 Old Sauk Road, Madison 53717  
Contact: Joan Stoppeworth 608.836.7554

**Club House For Kids-Middleton**  
Address: 3150 Deming Way, Middleton 53562  
Contact: Rebecca Ganser 608.824.2090

**Little Cardinals Academy \*AM ONLY**  
Address: 1805 Bourbon Road, Cross Plains 53528  
Contact: Jessica Eiden 608.237.1826

**Little Red Pre-School - Cross Plains**  
Address: 2427 Church Street, Cross Plains 53528  
Contact: Corena Juech 608.831.0033

**Pooh Bear Child Care and Pre-School**  
Address: 1340 Deming Way, Middleton 53562  
Contact: Theresa Shaeffer 608.831.2327

**Elm Lawn Elementary School**  
Address: 6701 Woodgate Rd. Middleton 53562  
Contact: 4K Principal, Marybeth Paulisse  
608.829.9025

**Primrose School of Middleton \*AM ONLY** Address:  
3000 Deming Way, Middleton 53562  
Contact: Carie Imme 608.841.1684

**Middleton Baby and Childcare \*Bilingual**  
Address: 5219 Century Avenue, Middleton 53562  
Contact: Elizabeth Strasma 608.886.4520

PLEASE COMPLETE THIS PORTION:

**4K Class Times:**  
Morning: 8:57 -11:30 am  
Afternoon: 12:12 – 2:45 pm

1<sup>ST</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_



**Which is more important to you:**

**SITE OR SESSION**

**Please note, the 4K Principal and District Administration will make all placement decisions. Parent preferences are taken into consideration.**



# 2018-2019 Alternate Household Income Form

Middleton-Cross Plains  
Area School District  
inclusive.innovative.inspiring.

The Wisconsin Department of Public Instruction requires Wisconsin School Districts to collect family economic data to determine eligibility to receive additional benefits for your family. Please complete the following household income form.

Return form to: Registrar, Middleton Cross Plains Area School District  
7106 South Ave  
Middleton, WI 53562  
Or scan and email to: [reg@mcpasd.k12.wi.us](mailto:reg@mcpasd.k12.wi.us)  
Fax: 608-836-1536

- Select the total number of people in your household.** Be sure to include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.
- Select the box that represents the range of annual household income.** Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

1. Total No. of people in household	2. Select the appropriate range of combined annual income for all people in the household (Include all income sources listed above, before taxes.)	
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 - \$22,459	<input type="checkbox"/> At or Above \$22,460
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 - \$30,451	<input type="checkbox"/> At or Above \$30,452
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 - \$38,443	<input type="checkbox"/> At or Above \$38,444
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 - \$46,435	<input type="checkbox"/> At or Above \$46,436
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 - \$54,427	<input type="checkbox"/> At or Above \$54,428
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 - \$62,419	<input type="checkbox"/> At or Above \$62,420
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 - \$70,411	<input type="checkbox"/> At or Above \$70,412
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 - \$78,403	<input type="checkbox"/> At or Above \$78,404
<input type="checkbox"/> 9	<input type="checkbox"/> \$0 - \$86,395	<input type="checkbox"/> At or Above \$86,396
<input type="checkbox"/> 10	<input type="checkbox"/> \$0 - \$94,387	<input type="checkbox"/> At or Above \$94,388
<input type="checkbox"/> 11	<input type="checkbox"/> \$0 - \$102,379	<input type="checkbox"/> At or Above \$102,380
<input type="checkbox"/> 12	<input type="checkbox"/> \$0 - \$110,371	<input type="checkbox"/> At or Above \$110,372
If household size is more than 12, list the household size and total annual income below.		
<input type="checkbox"/> Size: _____	<input type="checkbox"/> Income: _____	

**List all students in the household.** If any child you are applying for is a foster child; homeless, migrant, runaway; or attends Head Start, please check the appropriate box. **(Continued on page 2)**

Student's First Name	Student's Last Name	Grade	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start

Student's First Name	Student's Last Name	Grade	School Child Attends	Foster	Homeless, Migrant, Runaway	Head Start

**Contact information and adult signature:**

"I certify (promise) that all information on this application is true and that all income is reported."

\_\_\_\_\_  
Name of Adult Completing the Form (printed)

\_\_\_\_\_  
Signature Today's Date

\_\_\_\_\_  
Street Address (if available), Apt # City State Zip Code

( \_\_\_\_\_ )  
Daytime Phone Email (optional)

**CHECKLIST**

- Have you included all of your children as household members?
- Are *both* the household size and total household income range boxes checked?
- Have you signed the form?

**DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.**

**Economic Status:** Economically Disadvantaged (free/reduced) \_\_\_\_\_  
Non-Economically Disadvantaged (paid) \_\_\_\_\_

*I have reviewed the above and have concluded that it is properly and completely filled out to the best of my knowledge.*

Signature (of school or district staff): \_\_\_\_\_

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

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

Reminder: All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

