



### Every Child Program Application for Free Admission

The *Children's Museum of Phoenix* Every Child program ensures that all members of the region can experience the rich learning environment of the Museum's exhibits and programs. Within the Every Child Application program, the *Children's Museum of Phoenix* is committed to distributing a large amount of free admissions annually to targeted populations. Our goal is to serve those with the deepest need and to reduce potential barriers. Admission is distributed to an organization working specifically with the underserved as well as *at-risk* children and families. Every Child admissions are allocated on a first-come, first-serve basis. Please know Groups who apply under different Org names will be flagged, as a duplicate request. **Our Every Child Program is not to be used for training purposes, etc. Return this completed application and proof of non-profit status to:**

Children's Museum of Phoenix  
215 North 7th Street  
Phoenix, AZ, 85034

Or by e-mail at [TGonzales@childmusephx.org](mailto:TGonzales@childmusephx.org) with the subject line "Every Child Application with Date and Name of Org". Or by fax at 602.307.9833

In order to approve your application, please provide proof of 501 (c) 3 nonprofit organization/Tax Exempt status with your application. **All incomplete applications will be returned.** Are you currently a non-profit organization  No  Yes *If yes, please provide proof of non-profit status such as copy of your IRS LETTER OF DETERMINATION. Please see our website for a sample of non-profit status. PLEASE CLEARLY PRINT IN INK BELOW. Please allow 10 business days for processing (Mon-Fri).*

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

On-Site Contact Name (if different from above): \_\_\_\_\_ On-Site Contact Phone: \_\_\_\_\_

**Please describe the population you serve (low-income, foster care, shelter):** \_\_\_\_\_

At any given time, approximately how many children ages birth to 10 do you serve? \_\_\_\_\_

Has your organization been part of the *Every Child* program in the past?  Yes  No

- Would you like to visit in a group/field trip format? If so, how many adults \_\_\_\_\_ and children \_\_\_\_\_? (A minimum of a 1:5 adult to child ratio is required)
- **OR** How many free passes would you like to request? \_\_\_\_\_ (Free passes are to be used for on an individual basis only, not as a means for a group visit. All organized group visits require a reservation with our Groups Department)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Application results will be emailed. If awarded, admissions will expire one year from approval date. Please note due to high volume in visitation Every Child group admissions will not be valid April-May.** We look forward to seeing your organization at the Museum. Thank you!

<i>CMoP use only</i> Received: _____ by _____ Status: Approved/Declined (circle) Sent on: _____ EC Code: _____ Notes: _____
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