

**Adult Family Record Form**

Welcome to our class, please print your information below. **Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Phone Number:** |  |
| **City:** |  |
| **Zip code:** |   |
| **Email *(optional)*:** |  |
| **Do you receive CalFresh benefits (food stamps)?**  |  Yes  No  Don’t know |
| **Are you eligible for CalFresh benefits (food stamps)?** |  Yes  No  Don’t know |
| **Age:** |  18-59  60+ |
| **Ethnicity:** |  Hispanic or Latino  Non-Hispanic or Latino |
| **Race:** |  American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White More than one race |
| **Gender:** |  Male  Female |

----------------------------------------------------------- **Office Use Only** ------------------------------------------------------------------

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| --- | --- | --- | --- |
| **Lead Educator:** |  | **Second Educator:** |  |
| **Language** |  English  Spanish |
| **Site Name:** |  |
| **Series Taught:** |  ESBA  PSSC  ESLS  EHBA  |

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| **Class Dates Completed:****\*4 Required to graduate** |  |  |  |  |  |

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| **Graduate:***The University of California prohibits discrimination or harassment of any person in any of its programs or activities. (Complete nondiscrimination policy statement can be found at http://ucanr.org/site s/anrstaff/files/107734.doc) Inquiries regarding the University’s equal employment opportunity policies may be directed to Linda Marie Manton, Affirmative Action Contact, University of California, Davis, Agriculture and Natural Resources, 2801 2nd Street, Davis, CA 95618, (530) 750-1318. Funding provided by the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program.* **Revised 9.25.15 Form #103**  |  Yes  No | **Participant ID #** |  |



**Registro de participación**

Bienvenidos a nuestra clase, por favor escriba su información abajo. **Fecha de hoy: \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Nombre:** |  |
| **Apellido:** |  |
| **Número de teléfono:** |  |
| **Ciudad:** |  |
| **Código postal:** |  |
| **Correo electrónico *(opcional)*:** |  |
| **¿Usted recibe los beneficios de CalFresh (estampillas de alimento)?**  |  Sí  No  No lo sé  |
| **¿Usted es elegible para recibir los beneficios de CalFresh (estampillas de alimento)?** |  Sí  No  No lo sé |
| **Edad:** |  18-59  60+ |
| **Etnicidad:** |  Hispano o Latino  Ni-Hispano or Ni-Latino |
| **Raza:** |  Indio norteamericano o Nativo de Alaska  Asiático  Negro o Afroamericano  Nativo de Hawái o de otra Isla del Pacifico Caucásico  Más de una raza  |
| **Genero:** |  Hombre  Mujer |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Educator:** |  | **Second Educator:** |  |
| **Language** |  English  Spanish |
| **Site Name:** |  |
| **Series Taught:** |  ESBA  PSSC  ESLS  EHBA  |

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| **Class Dates Completed:****\*4 Required to graduate** |  |  |  |  |  |

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| **Graduate:** |  Yes  No | **Participant ID #** |  |

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