



UC CALFRESH NUTRITION EDUCATION PROGRAM
TEACHER/EDUCATOR ENROLLMENT FORM

Fall 2016 Spring 2017 School Year

University of California
Agriculture and Natural Resources



Contact: 550 E. Shaw Ave, Suite 210-B, Fresno, Ca 93710
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SCHOOL / SITE NAME

SCHOOL DISTRICT

SCHOOL / SITE ADDRESS

EDUCATOR INFORMATION:

TEACHER / EDUCATOR NAME () - BEST CONTACT PHONE # E-MAIL ADDRESS

ROOM #(s) # of CLASSES TOTAL # of STUDENTS

ETHNICITY <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO		RACE <input type="checkbox"/> AM. INDIAN / ALASKAN NATIVE <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER		<input type="checkbox"/> ASIAN <input type="checkbox"/> MULTIPLE <input type="checkbox"/> WHITE	
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		TEACHING EMPHASIS: <input type="checkbox"/> PE <input type="checkbox"/> SPECIAL EDUCATION (SE) <input type="checkbox"/> AFTERSCHOOL (AS) <input type="checkbox"/> PARKS and REC <input type="checkbox"/> OTHER (DESCRIBE) _____			

ARE YOU THE PRIMARY TEACHER IN THE CLASS? YES NO

STUDENT INFORMATION:

OK

Check grade(s) taught, listing number (#) of students on the line next to the grade(s).

GRADE	<input type="checkbox"/> Pre - K _____	<input type="checkbox"/> 2nd _____	<input type="checkbox"/> 6th _____	<input type="checkbox"/> 9th _____	GENDER	# MALE _____ # FEMALE _____
<input type="checkbox"/> Kinder _____	<input type="checkbox"/> 3rd _____	<input type="checkbox"/> 7th _____	<input type="checkbox"/> 10th _____			
<input type="checkbox"/> 1st _____	<input type="checkbox"/> 4th _____	<input type="checkbox"/> 8th _____	<input type="checkbox"/> 11th _____			
	<input type="checkbox"/> 5th _____		<input type="checkbox"/> 12th _____			

CURRICULUM USED:

Using the dropdown Menu choose the curriculum being used by the educator

<input type="checkbox"/> Happy Healthy Me: Moving, Munching	<input type="checkbox"/> Nutrition to Grow On (4-6)	<input type="checkbox"/>
<input type="checkbox"/> My Amazing Body (K-1)	<input type="checkbox"/> EatFit (6-8)	<input type="checkbox"/>
<input type="checkbox"/> Eating Healthy From Farm to Fork (K, 1,	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> It's My Choice....Eat Right! Be Active! (3,	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Good for Me and You (2)	<input type="checkbox"/>	<input type="checkbox"/>

If "Other" please describe here:

I, the educator and undersigned, commit to:

- 1) Use the UC CalFresh NEP curriculum to deliver nutrition education.
- 2) Complete the Nutrition Activity Reporting Form (NARF) quarterly

Signature

Date

This material was produced by the University of California CalFresh Nutrition Education Program with funding from USDA SNAP, known in California as CalFresh (formerly food stamps). These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious foods for better health. For CalFresh information, call 1-877-847-3663.