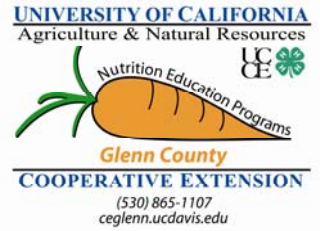


Teacher/Educator Enrollment Agreement

Office Use:
 Group ID: _____ Leader ID: _____
 EARS entry date _____



* Please complete all non-shaded areas.

Teacher/Educator _____ Grade _____

Best Contact Number _____ Room # _____ Square footage of classroom _____

School/Site Name _____ District/Organization _____

Mailing Address _____

Best way to reach you: _____ Best Time to Call? _____

Email _____

Teacher/Educator Information:

Ethnicity: (check one)
 Hispanic/Latino: Yes No

Race: (check one)
 Black or African American
 Asian
 Amer. Indian/Alaskan Native
 Native Hawaiian or Pacific Islander
 White
 More than one race

Gender: Male Female

Special Emphasis: PE After-School "AS"
 Parks & Rec Special Education "SE"

Student Information:

Number of classes: _____

Number of students in each grade:
 If PE, Afterschool, Special Education or Parks and Recreation, write number of students from each grade you will be reporting for.

Pre-K 2yrs _____	1 st _____	7 th _____
Pre-K 3yrs _____	2 nd _____	8 th _____
Pre-K 4yrs _____	3 rd _____	9 th _____
Kinder _____	4 th _____	10 th _____
	5 th _____	11 th _____
	6 th _____	12 th _____

Total number of students _____

Number of students by gender: Male _____ Female _____

Salary Information:

May we contact the district to obtain Salary/Benefit information? CIRCLE Yes_/ No

Funding for the program is based on a formula using your salary and your time spent using FSNEP curriculum. It is important that we have this information to receive federal funding each year for the program. This information will remain confidential.

Salary: Annual Hourly \$ _____

OR Class: _____ Step: _____ on District Salary Schedule

Annual Benefits: \$ _____

Annual Salary + Benefits: \$ _____

Certifier (check one): Lead Teacher/Principal/Administrator
 UC-FSNEP Representative

Curriculum Used:

- Happy Healthy Me
- Go, Glow, Grow
- Farm to Fork
- Reading Across My Pyramid (RAMP)
- Nutrition to Grow On
- Power Play!*
- Eat Fit
- TWIGS/Nutrition Activity
- Jr Master Gardener/Health Nutrition
- Jump Start Teens
- Money Talks/Hunger Attack!
- Making Every Dollar Count
- Dairy Council
- Eat Smart, Play Hard
- USDA Team Nutrition
- Other:

I commit to: 1) Use the UC-FSNEP curriculum to deliver nutrition education.
 2) Complete the Confidential Activity Reporting Tool monthly.

Signature: _____ Date: _____

Deana Rogers, Youth Nutrition Program Representative
 University of California, Cooperative Extension, Glenn County - <http://ceglenn.ucdavis.edu>
 P.O Box 697, 821 E. South St., Orland, CA 95963 – (530) 865-1107 - drogers@ucdavis.edu



Teacher/Educator Enrollment Agreement [Additional Information]

To be used for sites with:

- **no CDE code or no available ethnicity/race data information**
for example; Afterschools not on a school site, CYO's, Parks and Recreation etc.
- **instances where ethnicity by classroom is required.**

When completing the Ethnicity information below, the “total number of students listed by ethnic group” must match the “total number of students” listed on the front of this teacher/educator enrollment form.

Ethnicity	Hispanic	Not Hispanic	Total
American Indian or Alaskan Native			
Asian			
Black or African American			
Native Hawaiian or Pacific Islander			
White			
Multiple Races reported			
Total Students			