



# University of California Cooperative Extension

Supplemental Nutrition Assistance Program – Education (SNAP-Ed) Youth Program

Contact: May Woo, RD; Youth Nutrition Representative: \_\_\_\_\_

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## NUTRITION CURRICULA ENROLLMENT FORM 2008-2009

### ✓ Curricula Enrolling In:

- Go Glow Grow (Preschool)     Reading Across MyPyramid (K-3)     Eat Fit (6-8)  
 Happy Healthy Me (PreK-K)     Nutrition To Grow On (4-6)     Money Talks (9-12)  
 Farm to Fork (K-2)     TWIGS (K-6)     Jump Start (9-12)  
 Power Play: \_\_\_ CYO, \_\_\_ 4<sup>th</sup> Grade or \_\_\_ 5<sup>th</sup> Grade → Power Play 1<sup>st</sup> Time Enrollment?: Yes / No

Your Name \_\_\_\_\_

School/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

(Best time to call \_\_\_\_\_)

### YOUTH INFORMATION:

Total number of children \_\_\_\_\_

\*Specify number in each grade level

Pre-K \_\_\_ K \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup> \_\_\_ 12<sup>th</sup> \_\_\_

**Please indicate the number of female and male students of each ethnic/racial category:**

Ethnic/Racial Category	Number of Females	Number of Males
Caucasian		
African-American		
Native-American		
Latino/a		
Asian/Pacific Islander		
Other		

### TEACHER or PROVIDER INFORMATION:

**Please indicate your ethnicity/race:**

- Caucasian  
 African-American  
 Native-American  
 Latino/a  
 Asian/Pacific Islander

### Salary Information:

(This information is confidential and required for funding purposes only)

\_\_\_\_\_  
**Job Title**

\_\_\_\_\_  
**Salary, Salary Step, or Years Teaching**

Probable month(s) of implementation: \_\_\_\_\_ (For UCCE use only: Benefit % \_\_\_\_\_)

**I agree to provide 15 hours or more of nutrition education (includes curriculum meeting(s), preparation & delivery) and returning the monthly teacher time reporting form by the end of each quarter.**

*\*Please sign in blue ink*

Your signature: \_\_\_\_\_ Training Date: \_\_\_\_\_

(if applicable)

Time Reporting Site Contact Person signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Don't delay.....please send to address above.**

