



Office Use:
 Group ID: _____ Date Entered: _____
 Start: ____/____/____
 End: ____/____/____

School Year: 2006-2007

Name: _____

Please check: Primary Teacher Assistant Teacher Principal School Nurse Other: _____

School / Group Name: _____ Grade: _____ Track: _____

Mailing Address: _____
Street City Zip

Telephone: Work: _____ Best time to call: _____ Email: _____

Delivery Mode: (Circle one) **A** -Organized Club **B**-Special Interest, Day Camp **D**-School Enrichment Program **F**-School-Age Child Care

Student Information:

Write number of students next to each age:

4 _____	9 _____	14 _____
5 _____	10 _____	15 _____
6 _____	11 _____	16 _____
7 _____	12 _____	17 _____
8 _____	13 _____	18 _____

Write number of students by place of residence:

_____ Farm
 _____ Towns with population under 10,000 and rural non-farm
 _____ Towns/cities with population 10,000 - 49,999 and their suburbs
 _____ Suburbs of cities with population over 50,000
 _____ Central cities with population over 50,000

Write number of female and male students for each ethnic/racial category:

	Female	Male
African American	_____	_____
Asian/Pacific Islander	_____	_____
Hispanic	_____	_____
Native American/Alaskan Native	_____	_____
White (non-Hispanic)	_____	_____

Teacher/Leader Information:

Ethnicity: (check one)

- African American
- Asian Pacific Islander
- Hispanic
- Native American/Alaskan Native
- White (non-Hispanic)

Gender: Male Female

Curriculum Used:

- Happy Healthy Me
 - Reading Across MyPyramid
 - EatFit
 - TWIGS Part 1
 - TWIGS Part 2
 - Other: _____
- Re-Enroll: Yes or No

Teacher Agreement:

If you agree to participate in FSNEP Nutrition Education, please provide your salary information below. This information will remain confidential.

Estimated time commitment for teachers:

Training:	1½ - 2 hours
Preparation:	7 hours
Classroom Delivery:	6+ hours
Total:	14½ - 15 hours

Funding for FSNEP is based on a formula using your salary and your time spent with FSNEP nutrition education. It is important that we have this information to receive federal funding each year for the program.

Position Title _____

Salary (or please list step & column) _____

I commit to teaching a minimum of 6 hours from the curriculum and returning the Total Program Hours Form by (month) _____ of this school year. I am aware of the copyright and agree not duplicate the curriculum. I also agree to return the curriculum, books or other materials before the end of the school year.

Signature: _____ Date: _____

