

Enrollment Renewal Report (07/01/2024 - 06/30/2025)

Congratulations on choosing a provider who cares about children and realizes the importance of a strong nutrition foundation early in life! The day care home provider listed below participates in the Child & Adult Care Food Program (CACFP), a nutrition program funded by the United States Department of Agriculture (USDA) and sponsored by **Training Sponsor** , , CA . The purpose of this program is to promote good eating habits among children. Providers receive cash reimbursement for approved meals. As a participant, your provider has agreed to follow USDA minimum standards in the planning and serving of meals to the children in her/his care. All food served to participating children must be provided by the day care provider.

TO PARENT(s): Please check the information below for your child. Record or verify the COMPLETE address (city, state, zip), and phone # and the drop-off and pick-up times. Please add any corrected or missing information in the space provided. Also, be sure to indicate both the days and meals your child will attend. You may be contacted by Training Sponsor regarding the meals claimed for your child. You **MUST** sign on the line to the right of the meals you indicate. **NOTE: All information is mandatory. Please complete all sections.**

Provider Name Berky, Jordan	Prov #: 0991	Provider
and Address 200 KidKare Place	Phone: (972) 920-6935	Signature:
Dublin, CA 94566	Monitor: Jones, Danielle	

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District	School Name	
	Deaton, Madison	08/13/2018	12/29/2020	RNR	6v 0m	A	NH	W	F	K	Achieve Charter Scho	Achieve School 3	
Address: 876 Dallas Dr Los Angeles, CA 90210 Home Phone: Work Phone Mobile Phone: (383) 843-2824		Drop Off: Weekday Times	Pick Up:	Participation								Sheri Deaton	
		8:00am	6:00pm	Days	<input checked="" type="checkbox"/> Mo	<input checked="" type="checkbox"/> Tu	<input checked="" type="checkbox"/> We	<input checked="" type="checkbox"/> Th	<input checked="" type="checkbox"/> Fr	<input type="checkbox"/> Sa	<input type="checkbox"/> Su	Parent Name	
		Weekend Times		Meals	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E		Parent Signature	
		Depart: School Times	Return:	Days Attending School								Date	Withdrawal Date
		2:00pm	4:00pm	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input checked="" type="checkbox"/> Fr									
	George, Georgey	02/01/2019	11/11/2020	None	5v 6m	A	NH	A	M				
Address: 192 Main St Dallas, CA 90210 Home Phone: Work Phone Mobile Phone: (123) 456-7888		Drop Off: Weekday Times	Pick Up:	Participation								Frederick Montgomery	
		8:00am	5:00pm	Days	<input checked="" type="checkbox"/> Mo	<input checked="" type="checkbox"/> Tu	<input checked="" type="checkbox"/> We	<input checked="" type="checkbox"/> Th	<input checked="" type="checkbox"/> Fr	<input checked="" type="checkbox"/> Sa	<input checked="" type="checkbox"/> Su	Parent Name	
		Weekend Times		Meals	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> E		Parent Signature	
		8:00am	5:00pm	Days vary: <input checked="" type="checkbox"/>	Times vary: <input checked="" type="checkbox"/>						Date	Withdrawal Date	
		Depart: School Times	Return:	Days Attending School									
				<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr									

<p align="center">Note to Parent: If your child attends any type of school, school information is required.</p> <p>School Type Legend: A = A.M. Kindergarten D = A.M. Headstart H = Home School K = Kindergarten L = All Day Headstart M = P.M. Kindergarten P = P.M. Headstart N = No School S = School Age Y = Year Round School</p>	<p>Meals Legend: B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack</p>
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State Agency Contact Info: California Dept of Educ, Nutrition Services Division, 1430 N Street, Sacramento, CA 95814, 800-952-5609

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov. This institution is an equal opportunity provider. Updated: February 15, 2023

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 and Address **200 KidKare Place**
Dublin, CA 94566

Prov #: 0991
 Phone: (972) 920-6935
 Monitor: Jones, Danielle

Provider
 Signature: _____

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District	School Name	
	Little, Matt	12/01/2020		None	3y 8m	A	NH	W					
Address: 12 Street Rd G, FL 84738		Drop Off:	Weekday Times	Pick Up:	Participation							Matthew Large	
Home Phone: (328) 438-2843		8:00am		5:00pm	Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						<i>Parent Name</i>	
Work Phone		Weekend Times			Meals	[X] B [X] A [X] L [X] P [X] D [X] E						<i>Parent Signature</i>	
Mobile Phone:					Days vary: [X] Times vary: [X]							<i>Date</i>	
Email: fda@gmail.comda		Depart:	School Times	Return:	Days Attending School							<i>Withdrawal Date</i>	
					[] Mo [] Tu [] We [] Th [] Fr								
	Rodriguez, Hubert	04/29/2016	11/30/2020	None	8y 3m	A	H	W	M		Alpaugh Unified		
Address: 473 South St Los Angeles, CA 90210		Drop Off:	Weekday Times	Pick Up:	Participation							George Rodriguez	
Home Phone:		8:00am		5:00pm	Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						<i>Parent Name</i>	
Work Phone		Weekend Times			Meals	[X] B [X] A [X] L [X] P [X] D [] E						<i>Parent Signature</i>	
Mobile Phone: (384) 873-4654					Days vary: [] Times vary: []							<i>Date</i>	
Email:		Depart:	School Times	Return:	Days Attending School							<i>Withdrawal Date</i>	
					[] Mo [] Tu [] We [] Th [] Fr								
	Smith, Steve	01/10/2018	10/24/2023	None	6y 7m	A	NH	W	F	S	Alameda City Unified	School Name	
Address: 938 West St Los Angeles, CA 90210		Drop Off:	Weekday Times	Pick Up:	Participation							Jesse Chase	
Home Phone:		8:00am		5:00pm	Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						<i>Parent Name</i>	
Work Phone		Weekend Times			Meals	[X] B [] A [X] L [X] P [] D [] E						<i>Parent Signature</i>	
Mobile Phone: (125) 434-5433					Days vary: [] Times vary: []							<i>Date</i>	
Email: fjda@yahooo.com		Depart:	School Times	Return:	Days Attending School							<i>Withdrawal Date</i>	
					[X] Mo [X] Tu [X] We [X] Th [X] Fr								

Note to Parent: If your child attends any type of school, school information is required.				Meals Legend	B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack
School Type Legend	A = A.M. Kindergarten	D = A.M. Headstart	H = Home School	K = Kindergarten	L = All Day Headstart
	M = P.M. Kindergarten	P = P.M. Headstart	N = No School	S = School Age	Y = Year Round School

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	Spelling, Tori	01/07/2017	11/30/2020	None	7y 7m	A	NH	W	F	N				
Address: 123 Main St Los Angeles, CA 90210 Home Phone: Work Phone Mobile Phone: (333) 232-3532		Drop Off:	Weekday Times	Pick Up:	Participation							Lori Spelling		
		8:00am		5:00pm	Days	<input checked="" type="checkbox"/> Mo	<input checked="" type="checkbox"/> Tu	<input type="checkbox"/> We	<input checked="" type="checkbox"/> Th	<input checked="" type="checkbox"/> Fr	<input type="checkbox"/> Sa	<input type="checkbox"/> Su	<i>Parent Name</i>	
		Weekend Times			Meals	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	<i>Parent Signature</i>		
					Days vary: <input checked="" type="checkbox"/>		Times vary: <input checked="" type="checkbox"/>					<i>Date</i>		
		Depart:	School Times	Return:	Days Attending School							<i>Withdrawal Date</i>		
					<input type="checkbox"/> Mo		<input type="checkbox"/> Tu	<input type="checkbox"/> We	<input type="checkbox"/> Th	<input type="checkbox"/> Fr				

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Legend	M = P.M. Kindergarten	P = P.M. Headstart	N = No School S = School Age Y = Year Round School		

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