

Provider: **Johnson, Lori #006381**  
1514 Red Bird Place  
Dublin CA 945660000 Tier: **CA 945660000**

Phone: (972) 671-5211  
Monitor:  
LoriJohnson(100)

# CHILD ENROLLMENT REPORT

Food Program Sponsoring Agency:  
Training Sponsor  
1512 Main St.  
Chicago CA 600070000  
(555) 456-1313  
betty@kidkare.com

## CHILD INFO:

Status: Active

Name: **Cody** MI: Last Name: **Armstrong** Ethnicity: **Non Hispanic**  
Address: **123 Main St** State: **CA** Race: **White**  
City: **Dallas** Zip Code: **75140** Sex: **Male**  
Date of Birth: **04/06/2019** Enrollment Date: **01/21/2021**  
Age as of Date Printed: 5y 4m

## PARENT INFO:

Over Night Stay Approved: **No**

Payment Source:

Name: **Theresa Doe**  
Address: **123 Main St**  
City: **Dallas** State: **CA** Zip Code: **75140** Email:  
Phone: **(123) 456-7899**

## NORMAL SCHEDULE:

Participating Days: **MON TUE WED THU FRI** Weekday Times: **07:00 AM - 04:00 PM**  
Participating Meals: **BRK AMS LUN PMS DIN EVS** Times vary: **YES** Weekend Times:

## SCHOOL INFO:

School Type: **Unspecified** School Number:  
School Name: School District:  
School Depart/Return Times: **-** Days Attend:

## SPECIAL INFO:

Participates in CACFP (Food Program): **YES** Relation to Provider: **NotRelated**  
Special Needs: **NO**  
Special Diet: **NO**  
*If either are YES, attach a signed medical statement.*

Dear Family, Congratulations!

Your provider has chosen to join the Child and Adult Care Food Program (CACFP). This program extends the National School Lunch program to children in Family and group child care homes. The USDA has guidelines that your provider has agreed to follow. Under the regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement, and they must supply all of the components needed to meet the requirements. In an effort to improve our Program, we periodically contact parents to provide input and to verify attendance of their children in this child care home.

**I have verified that the above information is correct, and I have received a copy of this completed form.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ ID#: **6381**

State Agency Contact Info: California Dept of Educ, Nutrition Services Division, 1430 N Street, Sacramento, CA 95814, 800-952-5609

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