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 and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000		Phone: (972) 671-5211 Monitor: Johnson, Lori								Provider Signature:		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
1 Armstrong, Cody	04/06/2019	01/21/2021	NotRelated	5y 4m	Active	NotHispa nic	White	M	Unspe	cified		
Address: 123 Main St	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Theres	sa Doe	
Dallas CA 75140 Home Phone: (123) 456-7899	7:00am		4:00pm	Days	[X] Mo [X] T	u [X] We [X	(] Th [X] F	Fr [] Sa	[] Su	Parent N	Vame	
Work Phone (123) 430-7899		Weekend Times		Meals	[X] B [X] A	(X) L [X	() P [X] I	D [X] E				
Alternate Phone:				Da	ys vary: []		Times var	y: [X]		Parent S	Signature	
	Depart:	School Times	Return:		Day	s Attending	School					
					[] Mo [] T	`u []We []Th [] F	r		Date		Withdrawal Date
2 Baker, Elliot	09/03/2021	06/01/2023	NotRelated	2y 11m	Active	NotHispa nic	White	F	Unspe	ecified		
Address: 9200 White Drive	Drop Off:	Weekday Times	Pick Up:			Participation	n			Cindy	Vian	
Dallas FL 7852 Home Phone: (972) 235-8651	8:00am		5:00pm	Days	[X] Mo [X] T	u [Χ] We [Σ	() Th [X] F	r [] Sa	[] Su	Parent λ	lame	
Work Phone (9/2) 253-8631		Weekend Times		Meals	[X] B [X] A	(X) L [X	() P [X] I	D [] E				
Alternate Phone:				Da	ys vary: []		Times var	y: [X]		Parent S	Signature	
	Depart:	School Times	Return:		Day	s Attending	School					
Email:					[] Mo [] T	`u []We []Th [] F	r		Date		Withdrawal Date

	Note to Parent: If your child attends any type of school, school information is required.		D. D. IC (A. AMC J. I. I. I.
School Type	A = A.M. Kindergarten D = A.M. Headstart H = Home School K = Kindergarten L = All Day Headstart	Meals Legend	B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack
Legend	M = P.M. Kindergarten P = P.M. Headstart N = No School S = School Age Y = Year Round School	Legend	1 - 1.M. Shack D - Diffici E - Evening Shack

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

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000			Phone: (972) 671-5211 Monitor: Johnson, Lori							rovider ignatur		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
3 Bean, Paul	02/05/2014	11/01/2020	NotRelated	10y 6m	Active	NotHispa nic	Indian,B lack	M	Unspe	cified		
Address: 1236 King St	Drop Off:	Weekday Times	Pick Up:			Participation	on			Edna F	Persion	
Oakland CA 96325 Home Phone:	8:00am	Weekend Times	5:00pm	1		Ги [X] We [X A [X] L [X			[] Su	Parent N	Tame	
Work Phone		Weekend Times		4	ys vary: []	. [21] 2 [2	Times var			D	7.	
Alternate Phone: (256) 999-9999 Pay Source: Private	Depart:	School Times	Return:			s Attending				Parent S	Signature	
Email: Lori@minutemenu.com					[] Mo [] ?	Ги []We [[]Th []F	r		Date		Withdrawal Date
4 Bosque, Magenta	07/05/2018	11/02/2020	NotRelated	6y 1m	Active	Hispanic	PacificIs lander	F	Unspe	cified		
Address: 8233 Blue Bird Pl.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Julie K	Cooper	
Dublin CA 94566 Home Phone:	5:00am		6:00pm	Days	[X] Mo [X]	Γu [X] We [2	X] Th [X] F	r [] Sa	[] Su	Parent N	ame	
Work Phone Alternate Phone: (555) 555-5555		Weekend Times		-	[X] B [X] A ys vary: []	A [X] L [X	X] P [X] D Times var			Danaut S	Signature	
Alternate Filone. (555) 555-5555	Depart:	School Times	Return:		Day	s Attending	School			r areni s	signature	
					[] Mo [] 1	Ги []We [[]Th []F	r		Date		Withdrawal Date
5 Brown, John	06/16/2020	01/01/2021	NotRelated	4y 1m	Active	NotHispa nic	Indian	M	Unspe	cified		
Address: 123 ABC Court	Drop Off:	Weekday Times	Pick Up:			Participation	on			Marcu	fis Douglas	
Dublin TX 94566 Home Phone: (972) 671-5211	7:00am		6:00pm	Days	[X] Mo [X]	Tu [X] We [X	X] Th [X] F	r [] Sa	[] Su	Parent N	ame	
Work Phone		Weekend Times		-		A [X] L [2						
Alternate Phone: (555) 555-5555	_	C.I. LET	_	Da	ys vary: []		Times var	y: []		Parent S	Signature	
	Depart:	School Times	Return:			s Attending		,		D .		
Email:					[]MO[]	Ги []We [Т		Date		Withdrawal Date

Note to Parent: If your child attends any type of school, school information is required.

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

N = No School
Y = Year Round School

Meals
B = Breakfast A = A.M. Snack L = Lunch
Legend
P = P.M. Snack D = Dinner E = Evening Snack

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

Provider Name Ind Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Pho	#: 6381 ne: (972) tor: Johnso				Provider Signature:				
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School '	Гуре	School District		
6 Browndeer, Tori	09/04/2009	09/01/2023	NotRelated	14y 11m	Active	Hispanic	Indian	F	AMHea t	dStar			
Address: 123 Main St.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Brian G	Graur		
San Diego CA 12345	1:40 pm		5:30pm	Days [X] Mo [X] T	u [X] We [X	() Th [X] F	r [] Sa	[] Su	Parent Na	те		
Home Phone: Work Phone		Weekend Times		Meals	[] B [] A	[]L[X	(X) P [X] D	[] E					
Alternate Phone: (123) 456-7899				Day	ys vary: []		Times var	y: []		Parent Si	gnature		
	Depart:	School Times	Return:			Attending							
	1:40pm		5:30pm		[X] Mo [X] T	u [X]We [X]Th [X]F	r		Date		Withdrawal Date	
7 Button, Benjamin	01/06/2020	03/02/2020	NotRelated	4y 7m	Active	NotHispa nic	Asian,P acificIsI ander, White,B lack	М	Unspec	ified			
Address: 450 Main Street	Drop Off:	Weekday Times	Pick Up:			Participation	on			Betty B	utton	•	
Livermore CA 94550	8:00am		5:00pm	Days [X] Mo [X] T	u [X] We [X	(Th [X] F	r [X] Sa		Parent Na			
Home Phone: (450) 555-5555 Work Phone		Weekend Times	•	Meals [X] B [X] A	[X] L [X	(P [X]D	Γ]E					
Work Phone Alternate Phone:	8:00am		12:00pm	Da	ys vary: []		Times var	y: []		Parent Si	onature		
Pay Source: Private	Depart:	School Times	Return:		Day	Attending	School			r arem si	gnature		
Email: betty@yopmail.com					[] Mo [] T	u []We []Th []F	r		Date		Withdrawal Date	_
8 Catalini, Vicki	09/06/2023	04/02/2024	NotRelated	11m	Active	Hispanic	PacificIs lander, White	F	Unspec	ified			
Address: 123 ABC Court	Drop Off:	Weekday Times	Pick Up:			Participation	on			Marcuf	is Douglas		
Dublin TX 94566 Home Phone: (972) 671-5211	8:00am		5:00pm	Days [X] Mo [X] T	u [X] We [X	() Th [X] F	r [] Sa	[] Su	Parent Na	те		
Work Phone (972) 071-3211		Weekend Times		Meals [[X] B [X] A	[X] L [X	K] P [] D	[]E					
Alternate Phone: (555) 555-555				Day	ys vary: []		Times var	y: []		Parent Si	gnature		
` ,	Depart:	School Times	Return:			Attending							
Email:					[] Mo [] T	u []We []Th []F	r		Date		Withdrawal Date	
My child is an infant, and my provider has off	ered to supply	at least one ty	pe of iron for	rified infant	formula (IF	IF).							
will: [X] Accept the formula supplied by pro will also: [X] Accept any developmentally a					y own foods	3							
Note to Parent: If you School Type A = A.M. Kindergarten D Legend M = P.M. Kindergarten P	r child attends = A.M. Headstar	any type of sch	ool, school info	rmation is r	equired. ay Headstart				Meals Legend		B = Breakfast A = A.M. S P = P.M. Snack D = Dinn		

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

Provider Name Johnson, Lori and Address 1514 Red Bird Place Dublin, CA 945660000		Phone: (972) 671-5211 Monitor: Johnson, Lori								Provider Signature:		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
9 Davis, James	02/14/2018	10/01/2022	NotRelated	6y 5m	Active	NotHispa nic	PacificIs lander	M	Unspe	ecified		
Address: 123 ABC Court	Drop Off:	Weekday Times	Pick Up:			Participati	on			Marcu	ifis Douglas	
Dublin TX 94566	8:00am		5:00pm	Days	[X] Mo [X] 7	Tu [X] We [X	X] Th [X] F	r [] Sa	[] Su	Parent N	Vame	
Home Phone: (972) 671-5211 Work Phone		Weekend Times		1		A [X] L [X						
Alternate Phone: (555) 555-5555 Pay Source: Private	Depart:	School Times	Return:	Da	ys vary: [] Day	s Attending	Times var	y: []		Parent .	Signature	
Email:					[] Mo [] 7	Tu []We	[]Th []F	r		Date	_	Withdrawal Date
10 Davis, Laurie	06/04/2014	01/01/2019	NotRelated	10y 2m	Active	Hispanic	Indian, Asian	F	Unspe	ecified		
Address: 8233 Blue Bird Pl.	Drop Off:	Weekday Times	Pick Up:			Participati	on			Julie k	Cooper	
Dublin CA 94566 Home Phone:	8:00am		5:00pm	Days	[X] Mo [X] T	Tu [X] We [2	X] Th [X] F	r [] Sa	[] Su	Parent N	Vame	
Work Phone		Weekend Times		Meals	[X] B [X] A	A [X] L [2	X] P [] [) [] E				
Alternate Phone: (555) 555-555				Da	ys vary: []		Times var	y: []		Parent .	Signature	
Pay Source: Private	Depart:	School Times	Return:		Day	s Attending	School					
					[] Mo [] 1	Tu []We	[]Th[]F	r		Date		Withdrawal Date

School Tyne	Note to Parent: If your child attends any type of school, school information is required. A = A.M. Kindergarten D = A.M. Headstart H = Home School K = Kindergarten L = All Day Headstart	Meals	B = Breakfast A = A.M. Snack L = Lunch
School Type	A = A.M. Kindergarten $D = A.M.$ Headstart $H = Home$ School $K = Kindergarten$ $L = All Day Headstart$	Legend	P = P.M. Snack $D = Dinner$ $E = Evening Snack$
Legend	M = P.M. Kindergarten $P = P.M.$ Headstart $N = No$ School $S = School$ Age $Y = Year$ Round School		1 1 Shade B Billion B Evening Shadek

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

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori						rovidei ignatur		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
11 Flores, Shelby	09/15/2021	07/01/2022	NotRelated	2y 10m	Active	Hispanic		F	Unspe	cified		
Address: 1514 Red Bird Pl.	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Dan G	ebhart	
Dublin CA 94566 Home Phone:	8:00am		5:00pm	Days	[X] Mo [X] To	ı [X] We [X	[X] Th [X] F	r [] Sa	[] Su	Parent λ	lame	
Work Phone		Weekend Times		_	[X] B [] A							
Alternate Phone: (555) 555-1212		C 1 177'	-	D	ays vary: []		Times var	y: []		Parent S	Signature	
	Depart:	School Times	Return:			Attending		2		D ::4 -		
						ı []we [lıu [lt	T		Date		Withdrawal Date
12 Gardner, Jason	05/06/2020	03/01/2021	NotRelated	4y 3m	Active	NotHispa nic	White,B lack	M	Unspe	cified		
Address: 1258 San Ramon Pkwy.	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Micha	el Johnson	
Dublin CA 945660000 Home Phone: (972) 671-5211	8:00am		5:00pm	Days	[X] Mo [X] Tu	ı [X] We [X	(] Th [X] F	r [] Sa	[] Su	Parent \(\lambda\)	Tame	
Work Phone		Weekend Times		-	[X] B [X] A	[X] L [X						
Alternate Phone:	-	School Times	70.	D	ays vary: []		Times var	y: []		Parent S	Signature	
F 7	Depart:	School Times	Return:		Days [] Mo [] To	Attending		7		Date		
Email:						ı []we [Jin [Ji	1		Dute		Withdrawal Date
13 Graur, Renee	03/06/2017	09/17/2020	NotRelated	7y 5m	Active	NotHispa nic	White	F	Unspe	cified		
Address: 123 Main St.	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Brian	Graur	
San Diego CA 12345 Home Phone:	7:00am		3:00pm	Days	[X] Mo [X] To	ı [X] We [X	() Th [X] F	Fr [] Sa	[] Su	Parent \(\lambda\)	ame	
Work Phone		Weekend Times		_	[X] B [X] A							
Alternate Phone: (123) 456-7899	D (School Times	D (D	ays vary: []		Times var	y: []		Parent .	Signature	
Pay Source: Private	Depart:	School Times	Return:		Mo [] To	Attending		?r		Date		
					[] 1410 [] 10	. [] *** [1 [] 1.	•		Duic		Withdrawal Date

Note to Parent: If your child attends any type of school, school information is required.

School Type
A = A.M. Kindergarten
Legend
B = Breakfast A = A.M. Snack L = Lunch
Legend
B = Breakfast A = A.M. Snack L = Lunch
Legend
P = P.M. Snack D = Dinner E = Evening Snack

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

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000		Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori								rovider ignatur		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School	l Type	School District	
14 Green, Tina	06/13/2017	01/12/2021	OwnChild	7y 1m	Active	Hispanic	Indian, Asian	F	Unspe	cified		
Address: 1514 Red Bird Pl.	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Dan G	ebhart	
Dublin CA 94566 Home Phone:	8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	(] Th [X] F	r [] Sa	[] Su	Parent N	lame	
Work Phone		Weekend Times		Meals	[X] B [X] A	[X] L [X	() P [] D) []E				
Alternate Phone: (555) 555-1212				Da	iys vary: []		Times var	y: []		Parent S	Signature	
	Depart:	School Times	Return:			s Attending						
					[X] Mo [X] T	u [X]We [X]Th [X]F	r		Date		Withdrawal Date
15 Jack, John	09/13/2022	09/01/2023	NotRelated	1y 10m	Active	NotHispa nic	Indian, Asian	M	Unspe	cified		
Address: 1514 Red Bird Pl.	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Dan G	ebhart	
Dublin CA 94566 Home Phone:	8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	() Th [X] F	r [] Sa	[] Su	Parent N	lame	
Work Phone		Weekend Times		Meals	[X] B [X] A	[X] L [X	(] P [] E) [] E				
Alternate Phone: (555) 555-1212				Da	ys vary: []		Times var	y: [X]		Parent S	Signature	
	Depart:	School Times	Return:			s Attending						
					[] Mo [] T	u []We [JTh []F	r		Date		Withdrawal Date
16 Johnson, April	02/01/2012	08/14/2020	OwnChild	12y 6m	Active	NotHispa nic	White,B lack	F	Sch	ool	Alameda Co. Office Of Education	
Address: 1258 San Ramon Pkwy.	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Micha	el Johnson	
Dublin CA 945660000	6:00am		6:00pm	Days	[X] Mo [X] T	u [X] We [X	(Th [X]F	r [] Sa	[] Su	Parent N		
Home Phone: (972) 671-5211		Weekend Times		1	[X] B [X] A							
Work Phone Alternate Phone:				Da	ys vary: []		Times var	y: []		Parent S	Signature	
	Depart:	School Times	Return:		Day	s Attending	School					
Email:	8:00am		3:00pm		[X] Mo [X] T	u [X]We [X	X]Th [X]F	r 		Date		Withdrawal Date

	Note to Parent: If your child attends any type of school, school information is required.	Meals	B = Breakfast A = A.M. Snack L = Lunch
School Type	A = A.M. Kindergarten $D = A.M.$ Headstart $H = Home$ School $K = Kindergarten$ $L = All$ Day Headstart	Legend	P = P.M. Snack D = Dinner E = Evening Snack
Legend	M = P.M. Kindergarten $P = P.M.$ Headstart $N = No$ School $S = School$ Age $Y = Year$ Round School	Legend	1 - 1.1vi. Shack D - Diffici E - Evening Shack

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

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000			Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori							rovider ignatur		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
17 Johnson, Felicia	08/28/2017	10/01/2017	OwnChild	6y 11m	Active	Hispanic	Indian, White	F	Unspe	cified		
Address: 1258 San Ramon Pkwy.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Micha	el Johnson	
Dublin CA 945660000 Home Phone: (972) 671-5211	6:00am		5:00pm	Days [[X] Mo [X] T	u [X] We [X	X] Th [X] F	r [X] Sa [[X] Su	Parent N	lame	
Work Phone (972) 071-3211		Weekend Times		Meals [[X] B [X] A	[X] L [X	X] P [] D) [] E				
Alternate Phone:	8:00am		5:00pm	Day	ys vary: []		Times var	y: []		Parent S	Signature	
Pay Source: Private	Depart:	School Times	Return:			s Attending						·
Email:					[] Mo [] T	u []We [[]Th []F	r		Date		Withdrawal Date
18 Johnson, Geri	10/02/2022	10/01/2023	NotRelated	1y 10m	Active	NotHispa nic	Indian, Asian,P acificIsI ander, White,B lack	F	Unspe	cified		
Address: 1258 San Ramon Pkwy.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Micha	el Johnson	
Dublin CA 945660000 Home Phone: (972) 671-5211	8:00am		5:00pm	Days [X] Mo [X] T	u [X] We [X	X] Th [X] F	r [] Sa	[] Su	Parent N	lame	
Work Phone		Weekend Times		١ .	[X] B [] A	[X] L [X						
Alternate Phone:	5	Calcal Times	D :	Day	ys vary: [X]		Times var	y: []		Parent S	Signature	
	Depart:	School Times	Return:			S Attending		· · ·		Date		
Email:					[] MO [] I	u []we [l lin [] r	r		Date		Withdrawal Date
19 Johnson, Hale	03/10/2011	11/01/2020	NotRelated	13y 4m	Active	Hispanic	Indian, Asian	M	Unspe	cified		
Address: 1258 San Ramon Pkwy.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Micha	el Johnson	
Dublin CA 945660000 Home Phone: (972) 671-5211	8:00am		5:00pm	Days [X] Mo [X] T	u [X] We [X	X] Th [X] F	r [] Sa	[] Su	Parent N	lame	
Work Phone		Weekend Times		1	[X] B [X] A	[X] L [X						
Alternate Phone:		0 1 1 m		Day	ys vary: []		Times var	y: []		Parent S	Signature	
Pay Source: Private	Depart:	School Times	Return:			s Attending		,		- D :		
Email:					[] Mo [] T	u []We [] In [] F	r		Date		Withdrawal Date
School Type A = A.M. Kindergarten D Legend M = P.M. Kindergarten P	= A.M. Headstart	H = Home Scho	ol K = Kinderga	ten $L = All D$	ay Headstart				Meals Legend		B = Breakfast A = A.M. Si P = P.M. Snack D = Dinne	

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

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000		Phone: (972) 671-5211 Monitor: Johnson, Lori							rovide ignatui			
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
20 Johnson, Johnnie	01/01/2014	01/01/2024	HelperChild	10y 7m	Active	NotHispa nic	Indian	M	Unspe	ecified		
Address: 450 Main Street	Drop Off:	Weekday Times	Pick Up:			Participation	on			Betty	Button	
Livermore CA 94550 Home Phone: (450) 555-5555	8:00am		5:00pm	Days	X] Mo [X] T	u [Χ] We [Σ	() Th [X]	Fr [X] Sa	[X] Su	Parent N	lame	
Home Phone: (450) 555-5555 Work Phone		Weekend Times	s	Meals	[X] B [X] A	λ [X] L [Σ	Κ] P [] I	D []E				
Alternate Phone:	8:00am		5:00pm	Da	ys vary: []		Times var	ry: []		Parent	Signature	
	Depart:	School Times	Return:		Day	s Attending	School					
Email: betty@yopmail.com					[] Mo []]	`u []We []Th []1	Fr		Date		Withdrawal Date
21 Johnson, Lacy	02/05/2019	07/01/2019	NotRelated	5y 6m	Active	Hispanic	Indian, Asian	F	Unspe	ecified		
Address: 1258 San Ramon Pkwy.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Micha	el Johnson	
Dublin CA 945660000 Home Phone: (972) 671-5211	8:00am		5:00pm	Days	X] Mo [X] 1	u [X] We [X	(X) Th [X] I	Fr [] Sa	[] Su	Parent N	Vame	
Home Phone: (972) 671-5211 Work Phone		Weekend Times	S	Meals	[X] B [X] A	Λ [X] L [X	() P [] I	D []E				
Alternate Phone:				Da	ys vary: []		Times var	ry: []		Parent	Signature	
The state of the s	Depart:	School Times	Return:		Day	s Attending	School			1 0. 0711		
Email:					[] Mo []]	`u []We []Th []1	Fr		Date		Withdrawal Date

	Note to Parent: If your child attends any type of school, school information is required.		D. D. IC (A. AMC J. I. I. I.
School Type	A = A.M. Kindergarten D = A.M. Headstart H = Home School K = Kindergarten L = All Day Headstart	Meals Legend	B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack
Legend	M = P.M. Kindergarten P = P.M. Headstart N = No School S = School Age Y = Year Round School	Legend	1 - 1.M. Shack D - Diffici E - Evening Shack

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

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori							e:	
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
22 Johnson, Michael	06/01/2021	01/01/2022	NotRelated	3y 2m	Active	NotHispa nic	Asian	M	Unspe	cified		
Address: 1258 San Ramon Pkwy.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Micha	el Johnson	
Dublin CA 945660000 Home Phone: (972) 671-5211	9:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	() Th [X] I	Fr [] Sa	[] Su	Parent N	ame	
Work Phone Alternate Phone:		Weekend Times		•	[X] B [X] A	X [X] L [Σ	(] P [] I Times vai			D	Signature	
Alternate Phone:	Depart:	School Times	Return:		Day	s Attending		•		Parent S	signature	
Email:					[] Mo [] T	`u []We []Th [] I	Fr		Date		Withdrawal Date
23 King, Kelly	01/02/2018	11/01/2018	RelatedNonR esident	6y 7m	Active	Hispanic	Indian, Asian	F	Unspe	ecified		
Address: 1215 Bella Dr.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Jorge (Gebhart	
Oakland CA 94566 Home Phone: (415) 589-6666	8:00am		5:00pm	Days	[X] Mo [X] 7	u [X] We [X	() Th [X] I	Fr [] Sa	[] Su	Parent N	ame	
Work Phone Alternate Phone:		Weekend Times		-	[X] B [X] A nys vary: []	λ [X] L [Σ	[] P [] I Times var			Parent S	Signature	
Pay Source: Private	Depart:	School Times	Return:		Day	s Attending	School					
Email:					[] Mo [] T	`u []We []Th [] H	Fr		Date		Withdrawal Date
24 Kingston, Tony	11/04/2019	02/03/2020	NotRelated	4y 9m	Active	NotHispa nic	White	M	Unspe	cified		
Address: 1615 Park Place #3674	Drop Off:	Weekday Times	Pick Up:			Participation	on			Kendra	ah Mendoza	
Pleasanton CA 94538 Home Phone: (555) 888-9999	8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [Σ	() Th [X] I	Fr [] Sa	[] Su	Parent N	ame	
Work Phone		Weekend Times		-	[X] B [X] A	λ [X] L [X						
Alternate Phone: (555) 555-5553	Danast	School Times	D -4-	Da	nys vary: []	4 44 1*	Times vai	ry: []		Parent S	Signature	
	Depart:	School Times	Return:		[] Mo [] 7	s Attending				Date		
						. [] ##C [Jin [] I			Duic		Withdrawal Date

A = A.M. Kindergarten

M = P.M. Kindergarten

D = A.M. Headstart

H = Home School K = Kindergarten L = All Day Headstart

M = P.M. Kindergarten

D = A.M. Headstart

H = Home School K = Kindergarten L = All Day Headstart

Legend

P = P.M. Snack D = Dinner E = Evening Snack

C + A.M. Snack D = Dinner E = Evening Snack

Meals

B = Breakfast A = A.M. Snack L = Lunch

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

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School Type

Legend

Provider Name Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000		Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori								Provider Signature:			
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	1 Type	School District		
25 Klopper, Kris	04/10/2013	10/01/2018	NotRelated	11y 3m	Active	Hispanic	Indian, Asian	F	Unspe	ecified			
Address: 8773 Edenberry Way	Drop Off:	Weekday Times	Pick Up:			Participation	on			Kellie	Williams		
Dublin CA 94566 Home Phone:	6:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	X] Th [X] F	r [X] Sa	[] Su	Parent N	ame		
Work Phone		Weekend Times		Meals	[X] B [X] A	[X] L [X	X] P [] I) [] E					
Alternate Phone: (514) 222-3333	8:00am		5:00pm	Da	ys vary: []		Times var	y: []		Parent S	Signature		
Pay Source: Private	Depart:	School Times	Return:			s Attending							
Email: lori@minutemenu.com					[] Mo [] T	u []We [[]Th []F	r		Date		Withdrawal Date	
26 Kooper, Mia	03/06/2018	10/01/2018	NotRelated	6y 5m	Active	NotHispa nic	White,B lack	F	Unspe	ecified			
Address: 8233 Blue Bird Pl.	Drop Off:	Weekday Times	Pick Up:			Participation	on			Julie K	Cooper		
Dublin CA 94566 Home Phone:	6:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	X] Th [X] F	r [] Sa	[] Su	Parent N	ame		
Work Phone		Weekend Times		Meals	[X] B [X] A	[X] L [X							
Alternate Phone: (555) 555-5555				Da	ys vary: []		Times var	y: []		Parent S	Signature		
Pay Source: Private	Depart:	School Times	Return:			s Attending							
					[] Mo [] T	u []We []Th []F	ir		Date		Withdrawal Date	
27 Lee, Sandra	12/01/2012	01/01/2024	OwnChild	11y 8m	Active	NotHispa nic	Asian	F	Unspe	ecified			
-	Drop Off:	Weekday Times	Pick Up:			Participation	on			Micha	el Johnson		
Dublin CA 945660000 Home Phone: (972) 671-5211	8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	X] Th [X] F	r [] Sa	[] Su	Parent N	lame		
Work Phone		Weekend Times		•	[X] B [X] A	(X) L [X							
Alternate Phone:		0.1.15		Da	ys vary: []		Times var	y: []		Parent S	Signature		
L. Company	Depart:	School Times	Return:			s Attending				- D -			
Email:					[X] Mo [X] T	u [X]We [AJIH [A]H	'r		Date		Withdrawal Date	

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

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

Provider Name and Address	Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Pho	ov #: 6381 one: (972) itor: Johnso				Provider Signature:					
No Child Nam	ıe	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	ol Type	School District			
28 Lott, Linda		11/12/2019	03/01/2020	RelatedNonR esident	4y 8m	Active	Hispanic	Indian, Asian	F	Unspe	ecified				
Address: 2323 Ja	ack Ln.	Drop Off:	Weekday Times	es Pick Up:			Participatio	on			Sarah	Lott			
Pleasanton CA 9450 Home Phone:	60	8:00am		5:00pm		[X] Mo [X] To	-			[] Su	Parent N	Vame			
Work Phone	!		Weekend Times	s		[X] B [X] A	. [X] L [X								
Alternate Phone:	(972) 671-5211	Domonto	School Times	Datama	Da	ays vary: [X]	s Attending	Times var	ry: [X]		Parent	Signature			
		Depart:	School Times	Return:		[] Mo [] To			Fr		Date				
						[]	1 [] [.]	1		Duic		Withdrawal Date		
29 Miller, Glo	ri	07/11/2018	10/01/2018	NotRelated	6y 0m	Active	Hispanic	Indian, Asian	F	Unspo	ecified				
Address: 1212 B	Bella Dr.	Drop Off:	Weekday Times	es Pick Up:			Participation	on			Lisa N	Miller			
Oakland CA 94566 Home Phone:	(260) 333-2456	6:00am		5:00pm	Days	[X] Mo [X] To	u [X] We [2	X] Th [X] F	Fr [] Sa	[] Su	Parent N	Vame			
Work Phone	(200) 333-2430		Weekend Times	s	_	[X] B [X] A	. [X] L [3								
Alternate Phone:	(555) 555-1212		Cabaal Times	7	Da	ays vary: []	1	Times var	.y: []		Parent	Signature			
Pay Source: Private	;	Depart:	School Times	Return:		Days	s Attending		C.,		Date				
Email:							ı []we [.] 111 [] 1	21		Dute		Withdrawal Date		
30 Miller, Joh	n	07/26/2013	10/01/2018	NotRelated	11y 0m	Active	Hispanic	Indian, Asian, White	M	Unspe	ecified				
Address: 1615 P	Park Place #3674	Drop Off:	Weekday Times	es Pick Up:			Participatio	on			Kendr	rah Mendoza			
Pleasanton CA 9453 Home Phone:	(555) 888-9999	6:00am		5:00pm	Days	[X] Mo [X] To	u [X] We [X	X] Th [X] F	Fr [] Sa	[] Su	Parent N	Vame			
Work Phone	(333) 000 3333		Weekend Times	S	-	[X] B [X] A	. [X] L [X								
Alternate Phone:	(555) 555-5553	Depart:	School Times	Return:	Da	ays vary: []	s Attending	Times var	y: []		Parent	Signature			
Pay Source: Public		Берап.	Denote Times	Return.		[] Mo [] To			Fr		Date		Withdrawal Date		
School Type	Note to Parent: If your A = A.M. Kindergarten D									Meals		B = Breakfast A = A.M. S			

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

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

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Legend

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Ph	ov #: 6381 one: (972) itor: Johnso					ovide gnatu		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
31 Morales, Norma	03/06/2018	01/04/2021	NotRelated	6y 5m	Active	Hispanic	Black	F	Unspe	cified		
Address: 123 Main St	Drop Off:	Weekday Times	Pick Up:			Participati	on			Jazma	ine Ethridge	
Dallas CA 12345 Home Phone: (123) 456-7899	7:00am		3:00pm	Days	[X] Mo [X] T	u [X] We [2	X] Th [X] I	Fr [] Sa	[] Su	Parent N	Tame	
Work Phone		Weekend Times		_	[X] B [] A	[X] L [X						
Alternate Phone:	-	C-hl T:	D	D:	ays vary: []	1 7*	Times var	ry: [X]		Parent	Signature	
Pay Source: Private	Depart:	School Times	Return:			s Attending		7		- D /		
					[] Mo [] T	u []we	[] I	r		Date		Withdrawal Date
32 Morgan, Karson	11/03/2020	06/07/2023	NotRelated	3y 9m	Active	NotHispa nic	White,B lack	М	Unspe	cified		
Address: 3600 Sunnyside lane	Drop Off:	Weekday Times	Pick Up:			Participati	on			Cindy	Morgan	
Orlando FL 7856 Home Phone: (555) 222-7777	8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [2	X] Th [X] I	Fr [] Sa	[] Su	Parent N	lame	
Work Phone (333) 222-7777		Weekend Times			[X] B [X] A	[X] L [
Alternate Phone:		C 1 170	_	D:	ays vary: []		Times var	ry: []		Parent	Signature	
	Depart:	School Times	Return:			s Attending				D (
Email:					[] Mo [] T	u []we	[]IN []I	r		Date		Withdrawal Date
33 Mott, Lisa	11/02/2021	10/01/2023	NotRelated	2y 9m	Pending	Hispanic	Indian, Asian,B lack	F	Unspe	cified		
Address: 450 Main Street	Drop Off:	Weekday Times	Pick Up:			Participati	on			Betty	Button	
Livermore CA 94550 Home Phone: (450) 555-5555	8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [2	X] Th [X] I	Fr [] Sa	[] Su	Parent N	lame	
Work Phone (450) 333-3333		Weekend Times		Meals	[X] B [X] A	[X] L [
Alternate Phone:				D	ays vary: []		Times var	ry: []		Parent	Signature	
	Depart:	School Times	Return:			s Attending		-				
Email: betty@yopmail.com					[] Mo [] T	u [] We	[] Th [] I	r		Date		Withdrawal Date

Note to Parent: If your child attends any type of school, school information is required.

School Type
Legend
A = A.M. Kindergarten
D = A.M. Headstart
H = Home School
K = Kindergarten
D = A.M. Headstart
H = Home School
K = Kindergarten
D = A.M. Headstart
H = Home School
K = Kindergarten
D = A.M. Headstart
N = No School Age
Y = Year Round School

Meals
Legend
P = P.M. Snack
D = Dinner
D = P.M. Snack
D = P.M. Snack
D = Dinner
D = P.M. Snack
D = P.M

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

Provider Name Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Pho	v #: 6381 one: (972) tor: Johns	671-5211 on, Lori				rovider ignatur		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School	l Type	School District	
34 Nopales, Sammy	01/02/2012	01/01/2024	RelatedNonR esident	12y 7m	Active	Hispanic	Black	M	Unspe	cified		
Address: 1215 Bella Dr.	Drop Off:	Weekday Time	s Pick Up:			Participati	on			Jorge (Gebhart	
Oakland CA 94566	8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [2	X] Th [X] F	r [] Sa	[] Su	Parent N	ame	
Home Phone: (415) 589-6666 Work Phone Alternate Phone:		Weekend Time	s	•	[X] B [X] A ys vary: []	(X) L [X	X] P [] D Times var			Dayout 9	Signature	
Atternate Fnone.	Depart:	School Times	Return:		Day	s Attending	School			r arem z	signature	
Email:					[] Mo [] T	`u []We	[]Th []F	`r		Date		Withdrawal Date
35 Perez, Nick	07/09/2015	10/01/2018	NotRelated	9y 0m	Active	Hispanic	Indian, Asian	M	Unspe	cified		
Address: 8773 Edenberry Way	Drop Off:	Weekday Time	s Pick Up:			Participati	on			Kellie	Williams	
Dublin CA 94566 Home Phone:	6:00am		5:00pm	Days	[X] Mo [X] 7	u [X] We [2	X] Th [X] F	r [] Sa	[] Su	Parent N	ame	
Work Phone		Weekend Time	s		[X] B [X] A ys vary: []	(X) L	X] P [] D Times var					
Alternate Phone: (514) 222-3333 Pay Source: Private	Depart:	School Times	Return:			s Attending		, , ,		Parent S	Signature	
Email: lori@minutemenu.com	•				[] Mo [] T	u []We	[]Th[]F	ìr		Date		Withdrawal Date
36 Rose, April	07/01/2022	07/01/2024	NotRelated	2y 1m	Pending	Hispanic	PacificIs lander	F	Unspe	ecified		
Address: 1234 Haug St	Drop Off:	Weekday Time	s Pick Up:			Participati	on			Martha	a Rose	
Dublin CA 94566 Home Phone:	8:00am		5:00pm	Days	[X] Mo [X] 7	u [X] We [2	X] Th [X] F	r [] Sa	[] Su	Parent N	ame	
Work Phone		Weekend Time	S		[X] B [] A	X [X] L [X						
Alternate Phone: (972) 671-5211		School Times	D :	Da	ys vary: []		Times var	y: []		Parent S	Signature	
	Depart:	School Times	Return:		Day [] Mo [] T	s Attending		'n		Date		
						u []we	[]111 []1	1		Duie		Withdrawal Date

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

Meals

Legend

B = Breakfast A = A.M. Snack L = Lunch

P = P.M. Snack D = Dinner E = Evening Snack

Note to Parent: If your child attends any type of school, school information is required.

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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School Type

Legend

and Address 1514	nson, Lori I Red Bird Place lin, CA 945660000		Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori									re:	
No Child Name		DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	•••	School District	
37 Smith, Melissa		06/01/2019	06/24/2021	NotRelated	5y 2m	Active	NotHispa nic	Asian	F	Unspe	ecified		
Address: 777 Dan St		Drop Off:	Weekday Times	Pick Up:			Participatio	n			Lori S	mith	
Los Angeles CA 12345 Home Phone:		8:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	[] Th [X] F	Fr [] Sa	[] Su	Parent N	lame	
Work Phone			Weekend Times		Meals	[X] B [X] A	[X] L [X	[] P [] [) [] E				
	111) 111-1111				Da	iys vary: []		Times var	y: []		Parent .	Signature	
		Depart:	School Times	Return:			s Attending						
						[] Mo [] T	u []We [JTh []F	ir		Date		Withdrawal Date
38 Smith, Suzie		12/25/2023	08/20/2024	NotRelated	7m	Active	NotHispa nic		F	Unspe	ecified		
Address:		Drop Off:	Weekday Times	Pick Up:			Participatio	n			John S	Smith	
CA Home Phone: (5	555) 555-5555	7:00am		6:00pm	Days	[X] Mo [X] T	u [X] We [X	[] Th [X] F	r [] Sa	[] Su	Parent N	lame	
Work Phone	555) 555-5555		Weekend Times		1	[X] B [X] A	[X] L [X						
Alternate Phone:		_	0.1.170	_	Da	nys vary: []		Times var	y: []		Parent Signature		
		Depart:	School Times	Return:			s Attending				D :		
Email:						[] Mo [] T	u []We [JIH []F	'r		Date		Withdrawal Date
My child is an infant, an	nd my provider has off	ered to supply	at least one ty	pe of iron fort	ified infan	t formula (IF	TF).						
I will: [X] Accept the fo													
I will also: [X] Accept a	any developmentally ap	ppropriate foc	ods offered by	the provider [] Supply n	ny own food							
39 Taylor, Ardis		11/14/2015	10/01/2018	NotRelated	8y 8m	Active	NotHispa nic	PacificIs lander, White	F	Unspe	ecified		
Address: 4893 Dublin V	Way	Drop Off:	Weekday Times	Pick Up:			Participatio	n			Johnn	ie Taylor	
Dublin CA 94566 Home Phone: (5	555) 123-1234	6:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	[] Th [X] F	Fr [] Sa	[] Su	Parent N	lame	
Work Phone	333) 123-1234		Weekend Times		-	[X] B [X] A	[X] L [X	[] P [] [) [] E				
	555) 555-1212				Da	nys vary: []		Times var	y: []		Parent	Signature	
Pay Source: Public		Depart:	School Times	Return:			s Attending						
Email:						[] Mo [] T	u []We [JTh []F	'r		Date		Withdrawal Date
School Type	Note to Parent: If your A = A.M. Kindergarten D M = PM Kindergarten P	= A.M. Headstart	t H = Home Scho	ool K = Kinderga	rten $L = All l$	Day Headstart				Meals Legend		B = Breakfast A = A.M. S P = P.M. Snack D = Dinne	

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

Provider Name and Address	Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori						Provider Signature:		
No Child Nam	e	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
40 taylor, Lea	h	11/08/2021	10/01/2023	NotRelated	2y 9m	Pending	Hispanic	Indian, Asian,P acificIsl ander,Bl ack	F	Unspe	cified		
Address: 4893 D	ublin Way	Drop Off:	Weekday Times	Pick Up:			Participati	on			Johnni	e Taylor	
Dublin CA 94566 Home Phone: Work Phone	(555) 123-1234	9:00am	Weekend Times	5:00pm	Meals	[X] Mo [X] T [X] B [] A sys vary: []) [] E	[] Su	Parent N		
Alternate Phone:	(555) 555-1212	Depart:	School Times	Return:			s Attending		,		Parent S	Signature	
Email:						[] Mo [] T	u []We	[]Th []F	r		Date		Withdrawal Date
41 Taylor, Tro	у	11/07/2021	11/01/2023	NotRelated	2y 9m	Pending	Hispanic	Indian, Asian,B lack	М	Unspe	cified		
Address: 4893 D	ublin Way	Drop Off:	Weekday Times	Pick Up:			Participati	on			Johnni	e Taylor	
Dublin CA 94566 Home Phone: Work Phone Alternate Phone:	(555) 123-1234 (555) 555-1212	8:00am	Weekend Times	5:00pm	Meals	[X] Mo [X] T [X] B [] A sys vary: []) []E	[] Su	Parent S	lame Signature	
Titernate I none.	(555) 555 1212	Depart:	School Times	Return:			s Attending						
Email:						[]Mo[]T	u []We	[]Th []F	r		Date		Withdrawal Date

	Note to Parent: If your child attends any type of school, school information is required.	Meals	B = Breakfast A = A.M. Snack L = Lunch
School Type	A = A.M. Kindergarten $D = A.M.$ Headstart $H = Home$ School $K = Kindergarten$ $L = All$ Day Headstart	Legend	P = P.M. Snack D = Dinner E = Evening Snack
Legend	M = P.M. Kindergarten $P = P.M.$ Headstart $N = No$ School $S = School$ Age $Y = Year$ Round School	Degena	1 - 1.ivi. Shack D - Diffict E - Evening Shack

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

Provider Name and Address Johnson, Lori 1514 Red Bird Place Dublin, CA 945660000				Phone: (072) 671-5211						rovider ignatur		
No Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	Schoo	l Type	School District	
42 Williams, Zabrina	04/02/2016	10/01/2018	NotRelated	8y 4m	Active	NotHispa nic	White,B lack	F	Unspe	cified		
Address: 8773 Edenberry Way	Drop Off:	Weekday Times	Pick Up:			Participation	on			Kellie	Williams	
Dublin CA 94566 Home Phone:	6:00am		5:00pm	Days	[X] Mo [X] T	u [X] We [X	X] Th [X] F	r [] Sa	[] Su	Parent N	Тате	
Work Phone		Weekend Times		Meals	[X] B [X] A	(X) L [2	X] P [] D	[] E				
Alternate Phone: (514) 222-3333	Depart:	School Times	Return:	Da	ys vary: [] Day	s Attending	Times var	y: []		Parent S	Signature	
Email: lori@minutemenu.com					[] Mo [] T	`u []We [[]Th []F	r		Date		Withdrawal Date
43 Young, Yolanda	11/03/2018	11/01/2020	NotRelated	5y 9m	Active	NotHispa nic		F	Unspe	cified		
Address: 450 Main Street	Drop Off:	Weekday Times	Pick Up:			Participation	on			Betty l	Button	
Livermore CA 94550 Home Phone: (450) 555-5555	7:00am		6:00pm	Days	[X] Mo [X] T	u [X] We [2	X] Th [X] F	r [] Sa	[] Su	Parent N	Tame	
Home Phone: (450) 555-5555 Work Phone		Weekend Times		Meals	[X] B [] A	(X) L	X] P [] D	[]E				
Alternate Phone:				Da	ys vary: []		Times var	y: []		Parent S	Signature	
	Depart:	School Times	Return:		Day	s Attending	School					
Email: betty@yopmail.com					[] Mo [] T	`u []We [[]Th []F	r		Date		Withdrawal Date

School Tyne	Note to Parent: If your child attends any type of school, school information is required. A = A.M. Kindergarten D = A.M. Headstart H = Home School K = Kindergarten L = All Day Headstart	Meals	B = Breakfast A = A.M. Snack L = Lunch
School Type	A = A.M. Kindergarten $D = A.M.$ Headstart $H = Home$ School $K = Kindergarten$ $L = All Day Headstart$	Legend	P = P.M. Snack $D = Dinner$ $E = Evening Snack$
Legend	M = P.M. Kindergarten $P = P.M.$ Headstart $N = No$ School $S = School$ Age $Y = Year$ Round School		1 1 Shade B Billion B Evening Shadek

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