

Enrollment Renewal Report (4/1/2024 - 3/31/2025)

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 Johnson, Lori and Address 1514 Red Bird Place Dublin, CA 945660000	Prov #: 6381 Phone: (972) 671-5211 Monitor: Johnson, Lori	Provider Signature: _____
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No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District
1	Armstrong, Cody	04/06/2019	01/21/2021	NotRelated	5y 4m	Active	NotHispanic	White	M	Unspecified	

Address: 123 Main St Dallas CA 75140 Home Phone: (123) 456-7899 Work Phone Alternate Phone:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Drop Off:</th> <th style="width: 20%;">Weekday Times</th> <th style="width: 15%;">Pick Up:</th> <th style="width: 15%;">Participation</th> </tr> <tr> <td>7:00am</td> <td></td> <td>4:00pm</td> <td>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</td> </tr> <tr> <th colspan="3">Weekend Times</th> <td>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</td> </tr> <tr> <td colspan="3">Days vary: []</td> <td>Times vary: <input checked="" type="checkbox"/></td> </tr> <tr> <th>Depart:</th> <th>School Times</th> <th>Return:</th> <th>Days Attending School</th> </tr> <tr> <td></td> <td></td> <td></td> <td>[] Mo [] Tu [] We [] Th [] Fr</td> </tr> </table>	Drop Off:	Weekday Times	Pick Up:	Participation	7:00am		4:00pm	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	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	Days vary: []			Times vary: <input checked="" type="checkbox"/>	Depart:	School Times	Return:	Days Attending School				[] Mo [] Tu [] We [] Th [] Fr	Theresa Doe _____ <i>Parent Name</i> _____ <i>Parent Signature</i> _____ <i>Date</i> _____ _____ <i>Withdrawal Date</i>
Drop Off:	Weekday Times	Pick Up:	Participation																							
7:00am		4:00pm	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																							
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																							
Days vary: []			Times vary: <input checked="" type="checkbox"/>																							
Depart:	School Times	Return:	Days Attending School																							
			[] Mo [] Tu [] We [] Th [] Fr																							

2	Baker, Elliot	09/03/2021	06/01/2023	NotRelated	2y 11m	Active	NotHispanic	White	F	Unspecified	
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Address: 9200 White Drive Dallas FL 7852 Home Phone: (972) 235-8651 Work Phone Alternate Phone: Email:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Drop Off:</th> <th style="width: 20%;">Weekday Times</th> <th style="width: 15%;">Pick Up:</th> <th style="width: 15%;">Participation</th> </tr> <tr> <td>8:00am</td> <td></td> <td>5:00pm</td> <td>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</td> </tr> <tr> <th colspan="3">Weekend Times</th> <td>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 [] E</td> </tr> <tr> <td colspan="3">Days vary: []</td> <td>Times vary: <input checked="" type="checkbox"/></td> </tr> <tr> <th>Depart:</th> <th>School Times</th> <th>Return:</th> <th>Days Attending School</th> </tr> <tr> <td></td> <td></td> <td></td> <td>[] Mo [] Tu [] We [] Th [] Fr</td> </tr> </table>	Drop Off:	Weekday Times	Pick Up:	Participation	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 type="checkbox"/> Sa <input type="checkbox"/> Su	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 [] E	Days vary: []			Times vary: <input checked="" type="checkbox"/>	Depart:	School Times	Return:	Days Attending School				[] Mo [] Tu [] We [] Th [] Fr	Cindy Vian _____ <i>Parent Name</i> _____ <i>Parent Signature</i> _____ <i>Date</i> _____ _____ <i>Withdrawal Date</i>
Drop Off:	Weekday Times	Pick Up:	Participation																							
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 type="checkbox"/> Sa <input type="checkbox"/> Su																							
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 [] E																							
Days vary: []			Times vary: <input checked="" type="checkbox"/>																							
Depart:	School Times	Return:	Days Attending School																							
			[] Mo [] Tu [] We [] Th [] Fr																							

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 L = All Day Headstart M = P.M. Kindergarten P = P.M. Headstart N = No School S = School Age Y = Year Round School	Meals Legend: B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack
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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

Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District		
3	Bean, Paul	02/05/2014	11/01/2020	NotRelated	10y 6m	Active	NotHispanic	Indian,B lack	M	Unspecified			
Address: 1236 King St Oakland CA 96325 Home Phone: Work Phone Alternate Phone: (256) 999-9999 Pay Source: Private Email: Lori@minutemenu.com		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Edna Persion	
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su							Parent Name	
				Meals	[X] B [X] A [X] L [X] P [] D [] E							Parent Signature	
				Days vary: []	Times vary: []							Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
				[] Mo [] Tu [] We [] Th [] Fr									
4	Bosque, Magenta	07/05/2018	11/02/2020	NotRelated	6y 1m	Active	Hispanic	PacificIs lander	F	Unspecified			
Address: 8233 Blue Bird Pl. Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (555) 555-5555		Drop Off: 5:00am	Weekday Times	Pick Up: 6:00pm	Participation							Julie Kooper	
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su							Parent Name	
				Meals	[X] B [X] A [X] L [X] P [X] D [] E							Parent Signature	
				Days vary: []	Times vary: []							Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
				[] Mo [] Tu [] We [] Th [] Fr									
5	Brown, John	06/16/2020	01/01/2021	NotRelated	4y 1m	Active	NotHispanic	Indian	M	Unspecified			
Address: 123 ABC Court Dublin TX 94566 Home Phone: (972) 671-5211 Work Phone Alternate Phone: (555) 555-5555 Email:		Drop Off: 7:00am	Weekday Times	Pick Up: 6:00pm	Participation							Marcufis Douglas	
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su							Parent Name	
				Meals	[X] B [] A [X] L [X] P [] D [] E							Parent Signature	
				Days vary: []	Times vary: []							Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
				[] Mo [] Tu [] We [] Th [] Fr									

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Provider Name **Johnson, Lori**
 and Address **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	School Type	School District
6	Browndeer, Tori	09/04/2009	09/01/2023	NotRelated	14y 11m	Active	Hispanic	Indian	F	AMHeadStart	

Address: 123 Main St.
 San Diego CA 12345
 Home Phone:
 Work Phone
 Alternate Phone: (123) 456-7899

Drop Off:	Weekday Times	Pick Up:	Participation							
1:40 pm		5:30pm	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
Weekend Times			Meals	<input type="checkbox"/> B	<input type="checkbox"/> A	<input type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	
Depart: School Times Return:			Days Attending School				Days vary: <input type="checkbox"/>		Times vary: <input type="checkbox"/>	
1:40pm		5:30pm		<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		

Brian Graur
 Parent Name
 Parent Signature
 Date
 Withdrawal Date

7	Button, Benjamin	01/06/2020	03/02/2020	NotRelated	4y 7m	Active	NotHispanic	Asian,PacificIslander, White,Black	M	Unspecified	
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Address: 450 Main Street
 Livermore CA 94550
 Home Phone: (450) 555-5555
 Work Phone
 Alternate Phone:
 Pay Source: Private
 Email: betty@yopmail.com

Drop Off:	Weekday Times	Pick Up:	Participation							
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 type="checkbox"/> Su
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	
Depart: School Times Return:			Days Attending School				Days vary: <input type="checkbox"/>		Times vary: <input type="checkbox"/>	
				<input type="checkbox"/> Mo	<input type="checkbox"/> Tu	<input type="checkbox"/> We	<input type="checkbox"/> Th	<input type="checkbox"/> Fr		

Betty Button
 Parent Name
 Parent Signature
 Date
 Withdrawal Date

8	Catalini, Vicki	09/06/2023	04/02/2024	NotRelated	11m	Active	Hispanic	PacificIslander, White	F	Unspecified	
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Address: 123 ABC Court
 Dublin TX 94566
 Home Phone: (972) 671-5211
 Work Phone
 Alternate Phone: (555) 555-5555
 Email:

Drop Off:	Weekday Times	Pick Up:	Participation							
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 type="checkbox"/> Sa	<input type="checkbox"/> Su
Weekend Times			Meals	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> E	
Depart: School Times Return:			Days Attending School				Days vary: <input type="checkbox"/>		Times vary: <input type="checkbox"/>	
				<input type="checkbox"/> Mo	<input type="checkbox"/> Tu	<input type="checkbox"/> We	<input type="checkbox"/> Th	<input type="checkbox"/> Fr		

Marcufis Douglas
 Parent Name
 Parent Signature
 Date
 Withdrawal Date

My child is an infant, and my provider has offered to supply at least one type of iron fortified infant formula (IFIF).

I will: Accept the formula supplied by provider Supply my own breastmilk or formula:
 I will also: Accept any developmentally appropriate foods offered by the provider Supply my own foods

School Type Legend	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
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 and Address **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	School Type	School District	
9	Davis, James	02/14/2018	10/01/2022	NotRelated	6y 5m	Active	NotHispanic	PacificIslander	M	Unspecified		
Address: 123 ABC Court Dublin TX 94566 Home Phone: (972) 671-5211 Work Phone Alternate Phone: (555) 555-5555 Pay Source: Private Email:		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Marcufis Douglas
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Meals		[X] B [] A [X] L [X] P [] D [] E	Days vary: [] Times vary: []			
		Depart:	School Times	Return:	Days Attending School							Parent Name
						[] Mo [] Tu [] We [] Th [] Fr			Date _____ Withdrawal Date _____			
10	Davis, Laurie	06/04/2014	01/01/2019	NotRelated	10y 2m	Active	Hispanic	Indian, Asian	F	Unspecified		
Address: 8233 Blue Bird Pl. Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (555) 555-5555 Pay Source: Private		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Julie Kooper
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Meals		[X] B [X] A [X] L [X] P [] D [] E	Days vary: [] Times vary: []			
		Depart:	School Times	Return:	Days Attending School							Parent Name
						[] Mo [] Tu [] We [] Th [] Fr			Date _____ Withdrawal Date _____			

School Type Legend	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
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Prov #: 6381
 Phone: (972) 671-5211
 Monitor: Johnson, Lori

Provider
 Signature:

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District		
11	Flores, Shelby	09/15/2021	07/01/2022	NotRelated	2y 10m	Active	Hispanic		F	Unspecified			
Address: 1514 Red Bird Pl. Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (555) 555-1212		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Dan Gebhart	
		Weekend Times			Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name	
					Meals	[X] B [] A [X] L [X] P [] D [] E						Parent Signature	
					Days vary: []	Times vary: []						Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
					[] Mo [] Tu [] We [] Th [] Fr								
12	Gardner, Jason	05/06/2020	03/01/2021	NotRelated	4y 3m	Active	NotHispanic	White,Black	M	Unspecified			
Address: 1258 San Ramon Pkwy. Dublin CA 945660000 Home Phone: (972) 671-5211 Work Phone Alternate Phone:		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Michael Johnson	
		Weekend Times			Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name	
					Meals	[X] B [X] A [X] L [X] P [] D [] E						Parent Signature	
					Days vary: []	Times vary: []						Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
					[] Mo [] Tu [] We [] Th [] Fr								
13	Graur, Renee	03/06/2017	09/17/2020	NotRelated	7y 5m	Active	NotHispanic	White	F	Unspecified			
Address: 123 Main St. San Diego CA 12345 Home Phone: Work Phone Alternate Phone: (123) 456-7899 Pay Source: Private		Drop Off: 7:00am	Weekday Times	Pick Up: 3:00pm	Participation							Brian Graur	
		Weekend Times			Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name	
					Meals	[X] B [X] A [X] L [X] P [X] D [X] E						Parent Signature	
					Days vary: []	Times vary: []						Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
					[] Mo [] Tu [] We [] Th [] Fr								

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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

Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District
14	Green, Tina	06/13/2017	01/12/2021	OwnChild	7y 1m	Active	Hispanic	Indian, Asian	F	Unspecified	

Address: 1514 Red Bird Pl. Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (555) 555-1212	Drop Off:	Weekday Times	Pick Up:	Participation								Dan Gebhart	
	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 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 type="checkbox"/> D	<input type="checkbox"/> E		Parent Signature	
	Days vary: []			Times vary: []								Date	Withdrawal Date
Depart:			School Times	Return:	Days Attending School								
					<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				

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District
15	Jack, John	09/13/2022	09/01/2023	NotRelated	1y 10m	Active	NotHispanic	Indian, Asian	M	Unspecified	

Address: 1514 Red Bird Pl. Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (555) 555-1212	Drop Off:	Weekday Times	Pick Up:	Participation								Dan Gebhart	
	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 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 type="checkbox"/> D	<input type="checkbox"/> E		Parent Signature	
	Days vary: []			Times vary: [X]								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				

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District
16	Johnson, April	02/01/2012	08/14/2020	OwnChild	12y 6m	Active	NotHispanic	White,Black	F	School	Alameda Co. Office Of Education

Address: 1258 San Ramon Pkwy. Dublin CA 945660000 Home Phone: (972) 671-5211 Work Phone Alternate Phone: Email:	Drop Off:	Weekday Times	Pick Up:	Participation								Michael Johnson	
	6:00am		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	
	Days vary: []			Times vary: []								Date	Withdrawal Date
Depart:			School Times	Return:	Days Attending School								
					<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				

<p>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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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District
17	Johnson, Felicia	08/28/2017	10/01/2017	OwnChild	6y 11m	Active	Hispanic	Indian, White	F	Unspecified	

Address: 1258 San Ramon Pkwy.
 Dublin CA 945660000
 Home Phone: (972) 671-5211
 Work Phone
 Alternate Phone:
 Pay Source: Private
 Email:

Drop Off:	Weekday Times	Pick Up:	Participation							
6:00am		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
Weekend Times			Meals	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> E	
8:00am		5:00pm	Days vary:	<input type="checkbox"/> <input type="checkbox"/>		Times vary:		<input type="checkbox"/> <input type="checkbox"/>		
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		

Michael Johnson
 Parent Name

 Parent Signature

 Date _____ Withdrawal Date _____

18	Johnson, Geri	10/02/2022	10/01/2023	NotRelated	1y 10m	Active	NotHispanic	Indian, Asian, Pacific Islander, White, Black	F	Unspecified	
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Address: 1258 San Ramon Pkwy.
 Dublin CA 945660000
 Home Phone: (972) 671-5211
 Work Phone
 Alternate Phone:
 Email:

Drop Off:	Weekday Times	Pick Up:	Participation							
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 type="checkbox"/> Sa	<input type="checkbox"/> Su
Weekend Times			Meals	<input checked="" type="checkbox"/> B	<input type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> E	
			Days vary:	<input checked="" type="checkbox"/>		Times vary:		<input type="checkbox"/> <input type="checkbox"/>		
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		

Michael Johnson
 Parent Name

 Parent Signature

 Date _____ Withdrawal Date _____

19	Johnson, Hale	03/10/2011	11/01/2020	NotRelated	13y 4m	Active	Hispanic	Indian, Asian	M	Unspecified	
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Address: 1258 San Ramon Pkwy.
 Dublin CA 945660000
 Home Phone: (972) 671-5211
 Work Phone
 Alternate Phone:
 Pay Source: Private
 Email:

Drop Off:	Weekday Times	Pick Up:	Participation							
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 type="checkbox"/> Sa	<input type="checkbox"/> Su
Weekend Times			Meals	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> E	
			Days vary:	<input type="checkbox"/> <input type="checkbox"/>		Times vary:		<input type="checkbox"/> <input type="checkbox"/>		
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		

Michael Johnson
 Parent Name

 Parent Signature

 Date _____ Withdrawal Date _____

School Type Legend	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	Meals Legend B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack
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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District			
20	Johnson, Johnnie	01/01/2014	01/01/2024	HelperChild	10y 7m	Active	NotHispanic	Indian	M	Unspecified				
Address: 450 Main Street Livermore CA 94550 Home Phone: (450) 555-5555 Work Phone Alternate Phone: Email: betty@yopmail.com		Drop Off:	Weekday Times	Pick Up:	Participation							Betty Button		
		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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature		
		8:00am		5:00pm	Days vary:	<input type="checkbox"/> <input type="checkbox"/>		Times vary:		<input type="checkbox"/> <input type="checkbox"/>			Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date		
						<input type="checkbox"/> Mo	<input type="checkbox"/> Tu	<input type="checkbox"/> We	<input type="checkbox"/> Th	<input type="checkbox"/> Fr				
21	Johnson, Lacy	02/05/2019	07/01/2019	NotRelated	5y 6m	Active	Hispanic	Indian, Asian	F	Unspecified				
Address: 1258 San Ramon Pkwy. Dublin CA 945660000 Home Phone: (972) 671-5211 Work Phone Alternate Phone: Email:		Drop Off:	Weekday Times	Pick Up:	Participation							Michael Johnson		
		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 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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature		
					Days vary:	<input type="checkbox"/> <input type="checkbox"/>		Times vary:		<input type="checkbox"/> <input type="checkbox"/>			Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date		
						<input type="checkbox"/> Mo	<input type="checkbox"/> Tu	<input type="checkbox"/> We	<input type="checkbox"/> Th	<input type="checkbox"/> Fr				

School Type Legend	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
	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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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District
22	Johnson, Michael	06/01/2021	01/01/2022	NotRelated	3y 2m	Active	NotHispanic	Asian	M	Unspecified	

Address: 1258 San Ramon Pkwy. Dublin CA 945660000 Home Phone: (972) 671-5211 Work Phone Alternate Phone: Email:	Drop Off:	Weekday Times	Pick Up:	Participation								Michael Johnson	
	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 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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature		
	Depart: School Times Return:			Days Attending School								Date	Withdrawal Date
				Days vary: [] Times vary: [] [] Mo [] Tu [] We [] Th [] Fr									

23	King, Kelly	01/02/2018	11/01/2018	RelatedNonResident	6y 7m	Active	Hispanic	Indian, Asian	F	Unspecified	
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Address: 1215 Bella Dr. Oakland CA 94566 Home Phone: (415) 589-6666 Work Phone Alternate Phone: Pay Source: Private Email:	Drop Off:	Weekday Times	Pick Up:	Participation								Jorge Gebhart	
	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 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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature		
	Depart: School Times Return:			Days Attending School								Date	Withdrawal Date
				Days vary: [] Times vary: [] [] Mo [] Tu [] We [] Th [] Fr									

24	Kingston, Tony	11/04/2019	02/03/2020	NotRelated	4y 9m	Active	NotHispanic	White	M	Unspecified	
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Address: 1615 Park Place #3674 Pleasanton CA 94538 Home Phone: (555) 888-9999 Work Phone Alternate Phone: (555) 555-5553	Drop Off:	Weekday Times	Pick Up:	Participation								Kendrah Mendoza	
	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 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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature		
	Depart: School Times Return:			Days Attending School								Date	Withdrawal Date
				Days vary: [] Times vary: [] [] Mo [] Tu [] We [] Th [] Fr									

<p>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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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District
25	Klopper, Kris	04/10/2013	10/01/2018	NotRelated	11y 3m	Active	Hispanic	Indian, Asian	F	Unspecified	

Address: 8773 Edenberry Way Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (514) 222-3333 Pay Source: Private Email: lori@minutemenu.com	Drop Off:	Weekday Times	Pick Up:	Participation								Kellie Williams
	6:00am		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 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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature	
	8:00am		5:00pm	Days vary: []	Times vary: []						Date	
	Depart:	School Times	Return:	Days Attending School								Withdrawal Date
			[] Mo [] Tu [] We [] Th [] Fr									

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District
26	Kooper, Mia	03/06/2018	10/01/2018	NotRelated	6y 5m	Active	NotHispanic	White,Black	F	Unspecified	

Address: 8233 Blue Bird Pl. Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (555) 555-5555 Pay Source: Private	Drop Off:	Weekday Times	Pick Up:	Participation								Julie Kooper
	6:00am		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 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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature	
	8:00am		5:00pm	Days vary: []	Times vary: []						Date	
	Depart:	School Times	Return:	Days Attending School								Withdrawal Date
			[] Mo [] Tu [] We [] Th [] Fr									

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District
27	Lee, Sandra	12/01/2012	01/01/2024	OwnChild	11y 8m	Active	NotHispanic	Asian	F	Unspecified	

Address: 1258 San Ramon Pkwy. Dublin CA 945660000 Home Phone: (972) 671-5211 Work Phone Alternate Phone: Email:	Drop Off:	Weekday Times	Pick Up:	Participation								Michael Johnson
	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 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 type="checkbox"/> D	<input type="checkbox"/> E	Parent Signature	
	8:00am		5:00pm	Days vary: []	Times vary: []						Date	
	Depart:	School Times	Return:	Days Attending School								Withdrawal Date
			[X] Mo [X] Tu [X] We [X] Th [X] Fr									

<p>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

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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District
28	Lott, Linda	11/12/2019	03/01/2020	RelatedNonResident	4y 8m	Active	Hispanic	Indian, Asian	F	Unspecified	

Address: 2323 Jack Ln. Pleasanton CA 94560 Home Phone: Work Phone Alternate Phone: (972) 671-5211	Drop Off:	Weekday Times	Pick Up:	Participation								Sarah Lott
	8:00am		5:00pm	Days	[X] Mo	[X] Tu	[X] We	[X] Th	[X] Fr	[] Sa	[] Su	Parent Name
	Weekend Times			Meals	[X] B	[X] A	[X] L	[X] P	[] D	[] E		Parent Signature
	Days vary: [X]			Times vary: [X]								Date
Depart:	School Times	Return:	Days Attending School									
				[] Mo	[] Tu	[] We	[] Th	[] Fr				

29	Miller, Glori	07/11/2018	10/01/2018	NotRelated	6y 0m	Active	Hispanic	Indian, Asian	F	Unspecified	
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Address: 1212 Bella Dr. Oakland CA 94566 Home Phone: (260) 333-2456 Work Phone Alternate Phone: (555) 555-1212 Pay Source: Private Email:	Drop Off:	Weekday Times	Pick Up:	Participation								Lisa Miller
	6:00am		5:00pm	Days	[X] Mo	[X] Tu	[X] We	[X] Th	[X] Fr	[] Sa	[] Su	Parent Name
	Weekend Times			Meals	[X] B	[X] A	[X] L	[X] P	[] D	[] E		Parent Signature
	Days vary: []			Times vary: []								Date
Depart:	School Times	Return:	Days Attending School									
				[] Mo	[] Tu	[] We	[] Th	[] Fr				

30	Miller, John	07/26/2013	10/01/2018	NotRelated	11y 0m	Active	Hispanic	Indian, Asian, White	M	Unspecified	
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Address: 1615 Park Place #3674 Pleasanton CA 94538 Home Phone: (555) 888-9999 Work Phone Alternate Phone: (555) 555-5553 Pay Source: Public	Drop Off:	Weekday Times	Pick Up:	Participation								Kendrah Mendoza
	6:00am		5:00pm	Days	[X] Mo	[X] Tu	[X] We	[X] Th	[X] Fr	[] Sa	[] Su	Parent Name
	Weekend Times			Meals	[X] B	[X] A	[X] L	[X] P	[] D	[] E		Parent Signature
	Days vary: []			Times vary: []								Date
Depart:	School Times	Return:	Days Attending School									
				[] Mo	[] Tu	[] We	[] Th	[] Fr				

<p>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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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District		
31	Morales, Norma	03/06/2018	01/04/2021	NotRelated	6y 5m	Active	Hispanic	Black	F	Unspecified			
Address: 123 Main St Dallas CA 12345 Home Phone: (123) 456-7899 Work Phone Alternate Phone: Pay Source: Private		Drop Off: 7:00am	Weekday Times	Pick Up: 3:00pm	Participation							Jazmaine Ethridge	
		Weekend Times			Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name	
					Meals	[X] B [] A [X] L [X] P [] D [] E						Parent Signature	
		Days vary: []			Times vary: [X]							Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
					[] Mo [] Tu [] We [] Th [] Fr								
32	Morgan, Karson	11/03/2020	06/07/2023	NotRelated	3y 9m	Active	NotHispanic	White,Black	M	Unspecified			
Address: 3600 Sunnyside lane Orlando FL 7856 Home Phone: (555) 222-7777 Work Phone Alternate Phone: Email:		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Cindy Morgan	
		Weekend Times			Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name	
					Meals	[X] B [X] A [X] L [X] P [] D [] E						Parent Signature	
		Days vary: []			Times vary: []							Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
					[] Mo [] Tu [] We [] Th [] Fr								
33	Mott, Lisa	11/02/2021	10/01/2023	NotRelated	2y 9m	Pending	Hispanic	Indian,Asian,Black	F	Unspecified			
Address: 450 Main Street Livermore CA 94550 Home Phone: (450) 555-5555 Work Phone Alternate Phone: Email: betty@yopmail.com		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Betty Button	
		Weekend Times			Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name	
					Meals	[X] B [X] A [X] L [X] P [] D [] E						Parent Signature	
		Days vary: []			Times vary: []							Date	
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date	
					[] Mo [] Tu [] We [] Th [] Fr								

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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District		
34	Nopales, Sammy	01/02/2012	01/01/2024	RelatedNonResident	12y 7m	Active	Hispanic	Black	M	Unspecified			
Address: 1215 Bella Dr. Oakland CA 94566 Home Phone: (415) 589-6666 Work Phone Alternate Phone:		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Jorge Gebhart	
Email:		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Meals		[X] B [X] A [X] L [X] P [] D [] E	Days vary: [] Times vary: []			Parent Name	
		Depart:	School Times	Return:	Days Attending School							Parent Signature	
				[] Mo [] Tu [] We [] Th [] Fr								Date	Withdrawal Date

35	Perez, Nick	07/09/2015	10/01/2018	NotRelated	9y 0m	Active	Hispanic	Indian, Asian	M	Unspecified			
Address: 8773 Edenberry Way Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (514) 222-3333 Pay Source: Private Email: lori@minutemenu.com		Drop Off: 6:00am	Weekday Times	Pick Up: 5:00pm	Participation							Kellie Williams	
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Meals		[X] B [X] A [X] L [X] P [] D [] E	Days vary: [] Times vary: []			Parent Name	
		Depart:	School Times	Return:	Days Attending School							Parent Signature	
				[] Mo [] Tu [] We [] Th [] Fr								Date	Withdrawal Date

36	Rose, April	07/01/2022	07/01/2024	NotRelated	2y 1m	Pending	Hispanic	PacificIslander	F	Unspecified			
Address: 1234 Haug St Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (972) 671-5211		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Participation							Martha Rose	
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Meals		[X] B [] A [X] L [X] P [] D [] E	Days vary: [] Times vary: []			Parent Name	
		Depart:	School Times	Return:	Days Attending School							Parent Signature	
				[] Mo [] Tu [] We [] Th [] Fr								Date	Withdrawal Date

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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District	
37	Smith, Melissa	06/01/2019	06/24/2021	NotRelated	5y 2m	Active	NotHispanic	Asian	F	Unspecified		
Address: 777 Dan St Los Angeles CA 12345 Home Phone: Work Phone Alternate Phone: (111) 111-1111		Drop Off:	Weekday Times	Pick Up:	Participation							Lori Smith
		8:00am		5:00pm	Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name
		Weekend Times		Meals	[X] B [X] A [X] L [X] P [] D [] E						Parent Signature	
				Days vary: []	Times vary: []							Date
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date
						[] Mo [] Tu [] We [] Th [] Fr						

38	Smith, Suzie	12/25/2023	08/20/2024	NotRelated	7m	Active	NotHispanic		F	Unspecified		
Address: CA Home Phone: (555) 555-5555 Work Phone Alternate Phone:		Drop Off:	Weekday Times	Pick Up:	Participation							John Smith
		7:00am		6:00pm	Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name
		Weekend Times		Meals	[X] B [X] A [X] L [X] P [] D [] E						Parent Signature	
				Days vary: []	Times vary: []							Date
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date
						[] Mo [] Tu [] We [] Th [] Fr						

My child is an infant, and my provider has offered to supply at least one type of iron fortified infant formula (IFIF).

I will: Accept the formula supplied by provider Supply my own breastmilk or formula:

I will also: Accept any developmentally appropriate foods offered by the provider Supply my own foods

39	Taylor, Ardis	11/14/2015	10/01/2018	NotRelated	8y 8m	Active	NotHispanic	PacificIslander, White	F	Unspecified		
Address: 4893 Dublin Way Dublin CA 94566 Home Phone: (555) 123-1234 Work Phone Alternate Phone: (555) 555-1212 Pay Source: Public Email:		Drop Off:	Weekday Times	Pick Up:	Participation							Johnnie Taylor
		6:00am		5:00pm	Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su						Parent Name
		Weekend Times		Meals	[X] B [X] A [X] L [X] P [] D [] E						Parent Signature	
				Days vary: []	Times vary: []							Date
		Depart:	School Times	Return:	Days Attending School							Withdrawal Date
						[] Mo [] Tu [] We [] Th [] Fr						

<p>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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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District
40	taylor, Leah	11/08/2021	10/01/2023	NotRelated	2y 9m	Pending	Hispanic	Indian, Asian, Pacific Islander, Black	F	Unspecified	

Address: 4893 Dublin Way
 Dublin CA 94566
 Home Phone: (555) 123-1234
 Work Phone
 Alternate Phone: (555) 555-1212
 Email:

Drop Off:	Weekday Times	Pick Up:	Participation							
9:00am		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 type="checkbox"/> Sa	<input type="checkbox"/> Su
Weekend Times			Meals	<input checked="" type="checkbox"/> B	<input type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input type="checkbox"/> D	<input type="checkbox"/> E	
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		

Johnnie Taylor
 Parent Name

 Parent Signature

 Date _____ Withdrawal Date _____

41	Taylor, Troy	11/07/2021	11/01/2023	NotRelated	2y 9m	Pending	Hispanic	Indian, Asian, Black	M	Unspecified	
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Address: 4893 Dublin Way
 Dublin CA 94566
 Home Phone: (555) 123-1234
 Work Phone
 Alternate Phone: (555) 555-1212
 Email:

Drop Off:	Weekday Times	Pick Up:	Participation							
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 type="checkbox"/> Sa	<input type="checkbox"/> Su
Weekend Times			Meals	<input checked="" type="checkbox"/> B	<input type="checkbox"/> A	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> D	<input type="checkbox"/> E	
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		

Johnnie Taylor
 Parent Name

 Parent Signature

 Date _____ Withdrawal Date _____

School Type Legend	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
	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.M. Snack D = Dinner E = Evening Snack

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Enrollment Renewal Report (4/1/2024 - 3/31/2025)

Provider Name **Johnson, Lori**
 and Address **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	School Type	School District		
42	Williams, Zabrina	04/02/2016	10/01/2018	NotRelated	8y 4m	Active	NotHispanic	White,Black	F	Unspecified			
Address: 8773 Edenberry Way Dublin CA 94566 Home Phone: Work Phone Alternate Phone: (514) 222-3333 Email: lori@minutemenu.com		Drop Off: 6:00am	Weekday Times	Pick Up: 5:00pm	Participation							Kellie Williams	
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Meals		[X] B [X] A [X] L [X] P [] D [] E	Days vary: [] Times vary: []			Parent Name	
		Depart:	School Times	Return:	Days Attending School							Parent Signature	
				[] Mo [] Tu [] We [] Th [] Fr								Date	Withdrawal Date
43	Young, Yolanda	11/03/2018	11/01/2020	NotRelated	5y 9m	Active	NotHispanic		F	Unspecified			
Address: 450 Main Street Livermore CA 94550 Home Phone: (450) 555-5555 Work Phone Alternate Phone: Email: betty@yopmail.com		Drop Off: 7:00am	Weekday Times	Pick Up: 6:00pm	Participation							Betty Button	
		Weekend Times		Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Meals		[X] B [] A [X] L [X] P [] D [] E	Days vary: [] Times vary: []			Parent Name	
		Depart:	School Times	Return:	Days Attending School							Parent Signature	
				[] Mo [] Tu [] We [] Th [] Fr								Date	Withdrawal Date

School Type Legend	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
	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.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

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