**Empowering Healthy Families Program**

Church Name/Location:

Program Start Date:

Church Team Info Sheet

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| **Grade** | **Information** |
| **>Kindergarten** | Educator#1 Name:  Educator#1 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#2 Name:  Educator#2 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#3 Name:  Educator#3 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |

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| **1st-2nd** | Educator#1 Name:  Educator#1 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#2 Name:  Educator#2 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#3 Name:  Educator#3 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |

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| **3rd-5th** | Educator#1 Name:  Educator#1 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#2 Name:  Educator#2 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#3 Name:  Educator#3 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |

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| **>5th, Teens** | Educator#1 Name:  Educator#1 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#2 Name:  Educator#2 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |
| Educator#3 Name:  Educator#3 Email, Number, and Address:  Paperwork Submitted: W9 Background Form Fingerprint  Training Completed: Date Curriculum ; Date Curriculum |