

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM
ENROLLMENT FORM

INSTRUCTIONS: Maintain original in sponsor files. Give a copy to the provider. DO NOT SEND to the State Agency.

SPONSOR: NESSDCHFP PROVIDER: _____

CHILD'S NAME: _____

CHILD'S PHYSICAL ADDRESS: _____

(Check One) NONRESIDENT CHILD _____ RESIDENT CHILD _____ (Fill in Month, Day, Year) DATE CHILD ENROLLED _____

CHILD'S DATE OF BIRTH _____ DATE CHILD DROPPED _____

DAYS OF CHILD CARE (Circle all days to be claimed) M TU W TH F

HOURS OF CHILD CARE:
BEGINNING _____ a.m. _____ p.m. ENDING _____ a.m. _____ p.m.

- | |
|---|
| ___ American Indian or Alaskan Native |
| ___ Asian |
| ___ Black or African American |
| ___ Hispanic or Latino |
| ___ Native Hawaiian or other Pacific Island |
| ___ White |

If child attends school, you MUST also complete the following:

SCHOOL DAYS _____ a.m. to _____ a.m.
and
SCHOOL DAYS _____ p.m. to _____ p.m.

(Hours of child care very other than for school days and nonschool days, indicate all other hours in "Comments" section below.)

NAME OF PARENT OR GUARDIAN _____

PARENT OR GUARDIAN'S PLACE OF EMPLOYMENT _____

HOME PHONE NUMBER OF PARENT OR GUARDIAN _____

WORK PHONE NUMBER OF PARENT OR GUARDIAN _____

COMMENTS _____

SIGNATURES

PARENT OR GUARDIAN _____ DATE _____

PROVIDER _____ DATE _____

FOR SPONSOR USE ONLY

ELIGIBLE MEAL TYPES (circle all meals to be claimed)	NONSCHOOL DAYS	B	A	L	P	S
	SCHOOL DAYS	B	A	L	P	S
	OTHER (EXPLAIN)	B	A	L	P	S