(Optional)

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LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM

INSTRUCTIONS: Maintain original in sponsor files. Give	e a copy to the provid	er. DO NOT SEND to the	State Agency.
SPONSOR:	PROVIDER:	Jordan Berky	
CHILD'S NAME: Madison Deaton			
CHILD'S PHYSICAL ADDRESS: 876 Dallas Dr, Los Angeles	, CA 90210		
(Check One) NONRESIDENT CHILD X RESIDENT CHILD	(Fill in Month, Day, Year) DATE CHILD ENROLLED 12/29		12/29/2020
CHILD'S DATE OF BIRTH 08/13/2018	DATI	DATE CHILD DROPPED	
DAYS OF CHILD CARE (Circle all days to be claimed.)	UWTHF	RACE (Option	al)
HOURS OF CHILD CARE: <u>a.m.</u> BEGINNING <u>8:00</u> p.m. ENDING <u>(</u>	a.m. 5:00 <u>p.m.</u>	American Indian or Asian Black or African Ar Hispanic or Latino	
and	2:00 p.m.	Native Hawaiian or X White	other Pacific Island
(If hours of child care vary other than for school days and nonschool days, indicate al NAME OF PARENT OR GUARDIAN	l other hours in "Commen	ts" section below.)	
PARENT OR GUARDIAN'S PLACE OF EMPLOYMENT HOME PHONE NUMBER OF PARENT OR GUARDIAN WORK PHONE NUMBER OF PARENT OR GUARDIAN			
COMMENTS			
SIG	NATURES		
PARENT OR GUARDIAN			DATE
PROVIDER			DATE
	NSOR USE ONLY		
ELIGIBLE MEAL TYPES (circle all meals to be claimed)		DLDAYS BAL	
	SCHOOL DA	AYS BAL PLAIN) BAL	

STATE PROVIDER #:

(Optional)

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM

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

ENROLLMENT FORM

SPONSOR: Training Sponsor	PROVIDER: Jordan Berky
CHILD'S NAME: Georgey George	
CHILD'S PHYSICAL ADDRESS: 192 Main St, Dallas, CA 9021	10
(Check One) NONRESIDENT CHILD X RESIDENT CHILD	(Fill in Month, Day, Year) DATE CHILD ENROLLED 11/11/2020
CHILD'S DATE OF BIRTH 02/01/2019	DATE CHILD DROPPED
DAYS OF CHILD CARE (Circle all days to be claimed.)	W (H) F RACE (Optional)
HOURS OF CHILD CARE: BEGINNING 8:00 p.m. ENDING 5:0 If child attends school, you MUST also complete the following:	Hispanic or Latino
SCHOOL DAYS a.m. to	a.m. Native Hawaiian or other Pacific Island
and	p.m.
(If hours of child care vary other than for school days and nonschool days, indicate all o NAME OF PARENT OR GUARDIAN Frederick Montgomery	
PARENT OR GUARDIAN'S PLACE OF EMPLOYMENT	
HOME PHONE NUMBER OF PARENT OR GUARDIAN	
WORK PHONE NUMBER OF PARENT OR GUARDIAN	
COMMENTS	
SICN	ATURES
PARENT OR GUARDIAN	DATE
PROVIDER	DATE
	SOR 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) BALPS

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(Optional)

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM

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INSTRUCTIONS: Maintain original in sponsor files. Giv	e a copy to the provide	er. DO NOT SEND to the	State Agency.
SPONSOR: Training Sponsor	PROVIDER:	Jordan Berky	
CHILD'S NAME: Matt Little			
CHILD'S PHYSICAL ADDRESS: 12 Street Rd, G, FL 84738			
(Check One) NONRESIDENT CHILD X RESIDENT CHILD	(Fill in Month, Day, Year) DATE CHILD ENROLLED 01/01/190		01/01/1900
CHILD'S DATE OF BIRTH 12/01/2020	DATE	DATE CHILD DROPPED	
DAYS OF CHILD CARE (Circle all days to be claimed.)	UWTHF	RACE (Option	nal)
HOURS OF CHILD CARE: BEGINNING <u>8:00</u> p.m. ENDING	a.m. 5:00 <u>p.m.</u>	American Indian or Asian Black or African An	
If child attends school, you MUST also complete the following:		Hispanic or Latino Native Hawaiian or	other Pacific Island
SCHOOL DAYSa.m. to	a.m.	<u>X</u> White	
SCHOOL DAYS p.m. to	p.m.		
(If hours of child care vary other than for school days and nonschool days, indicate a NAME OF PARENT OR GUARDIAN	ll other hours in "Comment	s" section below.)	
PARENT OR GUARDIAN'S PLACE OF EMPLOYMENT			
HOME PHONE NUMBER OF PARENT OR GUARDIAN	(328) 438-2843		
WORK PHONE NUMBER OF PARENT OR GUARDIAN			
COMMENTS			
	NATURES		
PARENT OR GUARDIAN			DATE
PROVIDER			DATE
FOR SPO	NSOR USE ONLY		
ELIGIBLE MEAL TYPES (circle all meals to be claimed)	NONSCHOO	LDAYS BAL	P S
	SCHOOL DA	YS BAL	P S
	OTHER (EX	PLAIN) BAL	P S

(Optional)

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LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM

INSTRUCTIONS: Maintain original in sponsor files. Give	a copy to the provider.	•. DO NOT SEND to the State Agency.
SPONSOR: Training Sponsor	PROVIDER:	Jordan Berky
CHILD'S NAME:Hubert Rodriguez		
CHILD'S PHYSICAL ADDRESS: 473 South St, Los Angeles, C	CA 90210	
(Check One) NONRESIDENT CHILD X RESIDENT CHILD	(Fill in Month, Day, Year) DATE CHILD ENROLLED 11/3	
CHILD'S DATE OF BIRTH 04/29/2016	DATE CHILD DROPPED	
DAYS OF CHILD CARE (Circle all days to be claimed.)	WTHF	RACE (Optional)
HOURS OF CHILD CARE: BEGINNING 8:00 p.m. ENDING 5:	a.m	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino
If child attends school, you MUST also complete the following: SCHOOL DAYS	a.m.	Native Hawaiian or other Pacific Island X White
SCHOOL DAYS p.m. to	p.m.	
(If hours of child care vary other than for school days and nonschool days, indicate all NAME OF PARENT OR GUARDIAN George Rodgriguez PARENT OR GUARDIAN'S PLACE OF EMPLOYMENT	other hours in "Comments"	' section below.)
HOME PHONE NUMBER OF PARENT OR GUARDIAN		
COMMENTS		
SIGN	ATURES	
PARENT OR GUARDIAN		DATE
PROVIDER		DATE
FOR SPON	SOR USE ONLY]
ELIGIBLE MEAL TYPES (circle all meals to be claimed)		DAYS BALPS
	SCHOOL DAY OTHER (EXPI	

(Optional)

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LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM

INSTRUCTIONS: Maintain original in sponsor files.	Give a copy to the provid	er. DO NOT SEND to the S	tate Agency.
SPONSOR: Training Sponsor	PROVIDER:	Jordan Berky	
CHILD'S NAME:Steve Smith			
CHILD'S PHYSICAL ADDRESS: 938 West St, Los Angel	es, CA 90210		
(Check One) NONRESIDENT CHILDX RESIDENT CHILD	,	(Fill in Month, Day, Year) DATE CHILD ENROLLED 10/	
CHILD'S DATE OF BIRTH 01/10/2018	DATH	DATE CHILD DROPPED	
DAYS OF CHILD CARE (Circle all days to be claimed.)		RACE (Optiona	<i>l)</i>
and	a.m. p.m.	American Indian or A Asian Black or African Am Hispanic or Latino Native Hawaiian or o X White	erican
NAME OF PARENT OR GUARDIAN Jesse Chase 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		I	DATE
PROVIDER		I	DATE
	SPONSOR USE ONLY		
ELIGIBLE MEAL TYPES (circle all meals to be claimed)	NONSCHOO SCHOOL DA	LDAYS BAL	
		YS BAL PLAIN) BAL	

(Optional)

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LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM

INSTRUCTIONS: Maintain original in sponsor files. Give a	copy to the provide	er. DO NOT SEND to the	State Agency.
SPONSOR: Training Sponsor	PROVIDER:	Jordan Berky	
CHILD'S NAME: Tori Spelling			
CHILD'S PHYSICAL ADDRESS: 123 Main St, Los Angeles, CA	90210		
(Check One) NONRESIDENT CHILD X RESIDENT CHILD	(Fill in Month, Day, Year) DATE CHILD ENROLLED 11/3		11/30/2020
CHILD'S DATE OF BIRTH 01/07/2017	DATE CHILD DROPPED		
DAYS OF CHILD CARE (Circle all days to be claimed.)	W TH F	RACE (Option	aal)
HOURS OF CHILD CARE: a.m. BEGINNING 8:00 p.m. ENDING 5:00 If child attends school, you MUST also complete the following: SCHOOL DAYS a.m. to SCHOOL DAYS p.m. to	a.m.	American Indian or Asian Black or African Ar Hispanic or Latino Native Hawaiian or X White	
(If hours of child care vary other than for school days and nonschool days, indicate all oth NAME OF PARENT OR GUARDIAN PARENT OR GUARDIAN'S PLACE OF EMPLOYMENT	her hours in "Comment	s" section below.)	
HOME PHONE NUMBER OF PARENT OR GUARDIAN WORK PHONE NUMBER OF PARENT OR GUARDIAN COMMENTS			
SIGNA	TURES		
PARENT OR GUARDIAN			DATE
PROVIDER			DATE
FOR SPONSO	DR USE ONLY NONSCHOO	 LDAYS BAL	P S
	SCHOOL DA OTHER (EXI	YS BAL PLAIN) BAL	