

SPONSOR PROVIDER #: 0991
(Optional)

STATE PROVIDER #:
(Optional)

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM
ENROLLMENT FORM

FDCHFP 2 Rev
10/08

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: Madison Deaton

CHILD'S PHYSICAL ADDRESS: 876 Dallas Dr, Los Angeles, CA 90210

(Check One) NONRESIDENT CHILD X RESIDENT CHILD DATE CHILD ENROLLED (Fill in Month, Day, Year) 12/29/2020

CHILD'S DATE OF BIRTH 08/13/2018 DATE CHILD DROPPED

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

HOURS OF CHILD CARE: BEGINNING 8:00 a.m. p.m. ENDING 6:00 a.m. p.m.

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

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

SCHOOL DAYS 8:00 a.m. to 2:00 p.m.

SCHOOL DAYS 4:00 p.m. and to 6:00 p.m.

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

NAME OF PARENT OR GUARDIAN Sheri Deaton

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

SPONSOR PROVIDER #: 0991
(Optional)

STATE PROVIDER #:
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SPONSOR: Training Sponsor PROVIDER: Jordan Berky

CHILD'S NAME: Geogey George

CHILD'S PHYSICAL ADDRESS: 192 Main St, Dallas, CA 90210

(Check One) NONRESIDENT CHILD X RESIDENT CHILD 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.) M TU W TH F RACE (Optional)

HOURS OF CHILD CARE: BEGINNING 8:00 a.m. ENDING 5:00 p.m.

- ___ American Indian or Alaskan Native
___ X 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.

SCHOOL DAYS p.m. to p.m.

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

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

SIGNATURES

PARENT OR GUARDIAN DATE

PROVIDER DATE

FOR SPONSOR USE ONLY

ELIGIBLE MEAL TYPES (circle all meals to be claimed) NONSCHOOL DAYS SCHOOL DAYS OTHER (EXPLAIN)

SPONSOR PROVIDER #: 0991
(Optional)

STATE PROVIDER #:
(Optional)

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM
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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: Matt Little

CHILD'S PHYSICAL ADDRESS: 12 Street Rd, G, FL 84738

(Check One) NONRESIDENT CHILD X RESIDENT CHILD DATE CHILD ENROLLED (Fill in Month, Day, Year) 01/01/1900

CHILD'S DATE OF BIRTH 12/01/2020 DATE CHILD DROPPED

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

HOURS OF CHILD CARE: BEGINNING 8:00 a.m. p.m. ENDING 5:00 a.m. p.m.

- American Indian or Alaskan Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or other Pacific Island
X 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.

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

NAME OF PARENT OR GUARDIAN Matthew Large

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

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

SPONSOR PROVIDER #: 0991
(Optional)

STATE PROVIDER #:
(Optional)

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM
ENROLLMENT FORM

FDCHFP 2 Rev
10/08

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, CA 90210

(Check One) NONRESIDENT CHILD X RESIDENT CHILD DATE CHILD ENROLLED 11/30/2020

CHILD'S DATE OF BIRTH 04/29/2016 DATE CHILD DROPPED

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

HOURS OF CHILD CARE: BEGINNING 8:00 a.m. p.m. ENDING 5:00 a.m. p.m.

- American Indian or Alaskan Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or other Pacific Island
X 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.

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

NAME OF PARENT OR GUARDIAN George Rodriguez

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

SPONSOR PROVIDER #: 0991
(Optional)

STATE PROVIDER #:
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LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM
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FDCHFP 2 Rev
10/08

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: Steve Smith

CHILD'S PHYSICAL ADDRESS: 938 West St, Los Angeles, CA 90210

(Check One) NONRESIDENT CHILD X RESIDENT CHILD DATE CHILD ENROLLED (Fill in Month, Day, Year) 10/24/2023

CHILD'S DATE OF BIRTH 01/10/2018 DATE CHILD DROPPED

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

HOURS OF CHILD CARE: BEGINNING 8:00 a.m. p.m. ENDING 5:00 a.m. p.m.

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

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

SCHOOL DAYS a.m. to a.m.

SCHOOL DAYS p.m. and to p.m.

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

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 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

SPONSOR PROVIDER #: 0991
(Optional)

STATE PROVIDER #:
(Optional)

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10/08

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: Tori Spelling

CHILD'S PHYSICAL ADDRESS: 123 Main St, Los Angeles, CA 90210

(Check One) NONRESIDENT CHILD X RESIDENT CHILD DATE CHILD ENROLLED (Fill in Month, Day, Year) 11/30/2020

CHILD'S DATE OF BIRTH 01/07/2017 DATE CHILD DROPPED

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

HOURS OF CHILD CARE: BEGINNING 8:00 a.m. p.m. ENDING 5:00 a.m. p.m.

- American Indian or Alaskan Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or other Pacific Island
X 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.

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

NAME OF PARENT OR GUARDIAN Lori Spelling

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 SCHOOL DAYS OTHER (EXPLAIN) B A L P S B A L P S B A L P S