

# Child Care Expenses

Complete the following only if you included dependents in your family size on the FAFSA and will pay child care expenses for those same dependents.

Please circle the term for which you will pay childcare expenses:

Summer 2009                  Fall 2009                  Spring 2010                  Summer 2010

Name of Child	Age	Monthly Cost	Name of Care Facility or Care Giver and Complete Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School (Medicine, Allied Health Professions, Graduate Studies)

Return to: Student Financial Aid    LSUHSC-S    1501 Kings Hwy.    Shreveport, LA 71130