



A Program of the Children's Coalition
for Northeast Louisiana

LOOKING FOR CHILD CARE?

We Can Help!

Name _____ Parish _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone _____ Email _____

Would you also like us to look close to your job site? Yes No

If yes above: Work Street Address _____ City _____ Zip _____

How were you referred to us? _____

Date to Begin Childcare: _____ / _____ / _____ ASAP
MONTH DAY YEAR

First Child Date of Birth: _____ / _____ / _____ Second Child Date of Birth: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

Third Child Date of Birth: _____ / _____ / _____ Fourth Child Date of Birth: _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

Child Care Service(s) Requested (Check all that apply)

Center Based Family Child Care After School Before School

Head Start Early Head Start Preschool in or out of child care center

Other _____

Days Child Care is Needed Sun Mon Tues Wed Thurs Fri Sat

Time Child Care is Needed Start _____ AM/PM End _____ AM/PM

Do you have Child Care Assistance? Yes No

Are you interested in knowing more about Child Care Assistance? Yes No

Children's Coalition for Northeast Louisiana provides a free and confidential referral service. Child care listings are referrals, not recommendations. It is the responsibility of each family to determine if the quality of service provided by each facility meets the family's needs.