



Office of Enrollment Management

2026-2027 CHILD CARE EXPENSE FORM

Student's Name: _____ LSU ID: _____

Please complete this form to determine if you are eligible for a child care allowance to be added to your cost of attendance for the 2026-2027 academic year. If this form is not completed in its entirety and documentation is not attached, the form will be returned to you without being processed. NOTE: If both you and your spouse are attending college, child care allowance can only be given to one of you.

If you have one or more dependent children, age 12 or under, that you will pay child care expenses for while attending school, complete the following:

Dependent's Name	Age	Relationship to Student	Monthly amount paid

Please submit a current letter from the child care facility, on letterhead, verifying the following information:

- Child's name
- Monthly amount to be paid during the 2026-2027 academic year (maximums will apply)
- Phone number for the facility
- Signature of the provider or Director

By signing this statement, I certify that all information on this form is complete and correct. ***If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature: _____ Date: _____