

***APPLICATION FOR ENROLLMENT CHILD DEVELOPMENT LABORATORY**

Date Received: _____

Child's Name: _____
First Middle Last

Birthdate: _____

Gender: _____

Home Address: _____

City: _____ Zip Code: _____ Phone Number: _____

Adult(s) Applying

Name: _____ Relationship: _____ Email Address: _____

Address: _____ City: _____ Zip Code: _____

Name: _____ Relationship: _____ Email Address: _____

Address: _____ City: _____ Zip Code: _____

Applying for: Fall, 20____ Spring, 20____
 Morning Session Afternoon Session Either
Interested in: Sliding Scale Application

FURTHER INFORMATION TO HELP US BETTER PREPARE FOR YOUR CHILD

Persons Living in Home:

Adult's Name: _____ Relationship: _____ Occupation: _____

Adult's Name: _____ Relationship: _____ Occupation: _____

Child's Name: _____ Relationship: _____ Age: _____

Child's Name: _____ Relationship: _____ Age: _____

Child's Name: _____ Relationship: _____ Age: _____

Health Status (Physical/emotional difficulties, including disabilities and allergies): _____ (over)

Reasons why family members desire to enroll child: _____ (over)

*Completing this form does not guarantee placement in the program.. (04-19-2022)