Date Received: _____ *APPLICATION FOR ENROLLMENT Birthdate: CHILD DEVELOPMENT LABORATORY Assigned Sex at Birth [M] [F] Child's Name: First Middle ______ Zip Code: ______ Home Address: ___ Phone Number: Email:_____ Adult(s) Applying: Name:_____ _____ Relationship:_____ City:_____Zip Code: ____ Address:_____ Name:______ Relationship:_____ City:_____ Zip Code: ___ Address: Applying for: [] Morning Session Extended Care Sliding Scale Application [] Afternoon Session [] After PM [] yes [] Current Waiting List [] Either [] no [] Full Day (Please fill out back of card) FURTHER INFORMATION TO HELP US BETTER PREPARE FOR YOUR CHILD Persons Living in Home: ____ Relationship:_ Adult's Name: _____ 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: Reasons why family members desire to enroll child: *Completing this form does not guarantee placement in the program.. We have a very limited number of spots available for full day enrollment. The purpose of the full day program is to enable families to attend who would not be able to do so without full day attendance. The applications for full day enrollment will be reviewed based on the following criteria: • Level of documented need due to work or family circumstances Space available • Date the application was submitted If you are requesting to be considered for full day enrollment, please state the reason and whether or not your child would be able to

attend otherwise. Please be specific, including where you work and what your needs are.

Space for additional notes: