# Child Development Laboratory Enrollment Application

**Child’s full name**:

**Date of birth**: month       day       year \_\_\_\_

Note: Children must be age 3 by October 1st or no older than 4 on September 1st of the enrollment year.

**Gender**:  male  female

**Parent/guardian name**:

**Address**:

city:       state:       zip:

**Phone**: work: (   )       home: (   ) cell: ( )

**Occupation**:       **Email address**:

**Parent/guardian name**:

**Address**:

city:       state:       zip:

**Phone**: work: (   )       home: (   ) cell: ( )

**Occupation**:       **Email address**:

## Child Information

Other adult family members in the household.

Name:       Relationship to child:

Name:       Relationship to child:

Name:       Relationship to child:

**Other children in family—please list all children in order of birth with their age.**

Name:      Age:

Name:       Age:

Name:       Age:

Name:       Age:

Name:       Age:

Name:       Age:

Name:   Age:

*Please continue on next page.*

**Other significant adults in the child’s life.**

**Either parent not born in the USA?** Yes No

**If yes, where from?**

**Other languages used in the home?**

**By whom?**

Any special considerations we should make for your child due to his/her general physical condition?

**Proposed Enrollment**: Date       Year \_\_\_\_

Please enter any additional comments you may have below.

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