

Child Development Laboratory

Child Application

Date of Application _____ current email address: _____
please print clearly

Child's Name _____ Boy _____ Girl _____

Birth Date ___/___/___ Home Phone (____) ____ - _____

Address _____
street address city, state, zip code

Parent's Name _____ Home Phone (____) ____ - _____

Address (if different from above) _____
street address city, state, zip code

Employer _____ Work Phone (____) ____ - _____

Parent's Name _____ Home Phone (____) ____ - _____

Address (if different from above) _____
street address city, state, zip code

Employer _____ Work Phone (____) ____ - _____

I am requesting enrollment for my child at the CDL by (date) _____

Please indicate program: Young Preschool (2 and young 3 year old) Multi-age Preschool

Has your child had previous group care experiences? yes no

If yes, briefly describe:

Is there any information regarding your child that would be important for the Child Development Laboratory to know prior to enrollment?

What are your expectations for the program offered by the Child Development Laboratory?