



Office Use Only Date of Application: _____ Deposit: _____
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## Child Development Lab School Application

**Child's Name** \_\_\_\_\_  
Last First Middle

Prefers To Be Called \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date \_\_\_\_\_ Age in September 2025: \_\_\_\_\_ years, \_\_\_\_\_ months

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_

Elementary School Child Will Attend \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**The Child Lives With (both parents, Mom, Dad, etc.)** \_\_\_\_\_

**Siblings (names and ages in October 2025)**

_____	_____
_____	_____
_____	_____

**Ethnic or Cultural Background** \_\_\_\_\_

**Holidays Celebrated** \_\_\_\_\_

**Language**

Primary Language Spoken \_\_\_\_\_

Other Language(s) Spoken \_\_\_\_\_

**Previous School Experiences** \_\_\_\_\_

**Special Health Problems** \_\_\_\_\_

**Known Allergies** \_\_\_\_\_

**Dietary Restrictions** \_\_\_\_\_

**What makes your child happy and what does him or her like?**

**Sad/Dislike?**

**Describe the student's special interests and what he or she does well.**

**Is there any additional Information that you feel would be helpful?**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_