

Office Use Only
Date of Application: _____
Deposit: _____

Child Development Lab School Application

Child's Name _____
Last First Middle

Prefers To Be Called _____ Gender _____

Birth Date _____ Age in September 2024: _____ 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 2024)

Ethnic or Cultural Background _____

Holidays Celebrated _____

Language

Primary Language Spoken _____

Other Language(s) Spoken _____

Previous School Experiences _____

Special Health Problems _____

Food Restrictions _____

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** _____