

**Early Childhood Laboratory**

University of Kentucky  
#12 Erikson Hall  
Lexington, KY 40506-0050  
859-257-7732

**Date Rec'd** \_\_\_\_\_

(office use only)

**Application for Enrollment**

**Child's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Parent's Name(s), Occupation(s), Work Phone Number(s) and email address(es):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate program(s) interested in:**

- \_\_\_\_\_ Full-day Infant/Toddler (6weeks - 3 years)
- \_\_\_\_\_ Half-day Preschool (3 - 5 years)
- \_\_\_\_\_ Half-day Preschool & Extended Day (3 – 5 years)

**Is there a special need to enroll your child in this program? If so, please explain:**

\_\_\_\_\_

The following information is used to assist us in making enrollment decisions. Your completion of these items is voluntary. Please select your answers from the choices provided

<p><b>Your family's total annual income for the past year, before taxes:</b></p> <p>_____ Below \$9,999</p> <p>_____ \$10,000 to \$19,999</p> <p>_____ \$20,000 to \$29,999</p> <p>_____ \$30,000 to \$39,999</p> <p>_____ \$40,000 to \$49,999</p> <p>_____ \$50,000 or more</p>	<p><b>Your family's racial or ethnic identification:</b></p> <p>_____ White</p> <p>_____ Black</p> <p>_____ Native American</p> <p>_____ Asian</p> <p>_____ Hispanic</p> <p>_____ Other</p>
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