

Early Childhood Laboratory

University of Kentucky
621 South Limestone
Lexington, KY 40506-0657
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

Your family's total annual income for the past year, before taxes:	Your family's racial or ethnic identification:
<input type="checkbox"/> Below \$20,000 <input type="checkbox"/> \$20,000 to \$30,000 <input type="checkbox"/> \$30,000 to \$40,000 <input type="checkbox"/> \$40,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$70,000 <input type="checkbox"/> \$70,000 or more	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other