

**Early Childhood Laboratory**

University of Kentucky  
621 South Limestone  
Lexington, KY 40508  
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:**

\_\_\_\_\_ Infant/Toddler (6 weeks - 3 years)

\_\_\_\_\_ Preschool (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

<b>Your family's total annual income for the past year, before taxes:</b>	<b>Your family's racial or ethnic identification:</b>
_____ Below \$30,000	_____ White
_____ \$30,000 to \$60,000	_____ Black
_____ \$60,000 to \$100,000 or more	_____ Native American
	_____ Asian
	_____ Hispanic
	_____ Other