

RUTH STAPLES CHILD DEVELOPMENT LAB APPLICATION FORM

Child's Name: _____
Last Name First Name Middle Initial

Male _____ Female _____

Birth date: _____
Year Month Day

Father's Name: _____
First Last

Father's Daytime Phone: _____

Mother's Name: _____
First Last

Mother's Daytime Phone: _____

Home Address: _____
_____ Zip _____

Home Telephone: _____

Email Address: _____

Primary Language at Home: _____

Please Indicate Program Preference:

_____ Half Day Program _____ Full Day Program
Monday-Friday 7:30 - 12:30 Monday - Friday 7:30 - 5:30

Today's Date: _____

Be prepared--verification of required immunizations must be provided on a form (which is part of the packet you will receive upon enrollment) before attendance will be allowed.

Return this application to the Child Development Laboratory school along with a \$15.00 application fee.

Make checks payable to : **UNL**

Mail to: Izetta Jones
143 Child Development Lab
University of Nebraska-Lincoln
Lincoln NE 68583-0830

Questions? Phone: (402) 472-1675