

Today's Date: \_\_\_\_\_

## Ruth Staples Child Development Lab Application Form

Child's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Gender: 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: \_\_\_\_\_  
Address City State Zip

Home Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Language at Home: \_\_\_\_\_

Return this Application to the Child Development Laboratory School along with a \$15.00 Application Fee.

Make checks payable to: **UNL**

Mail to: Lainey Bomberger  
143 Child Development Lab  
University of Nebraska-Lincoln  
Lincoln, NE 68583-0830

Questions? Please call: (402) 472-1675

**BE PREPARED:** The Enrollment Process takes into consideration the need (age and gender) in the classroom and the date an Application was received. Upon the Enrollment Offer, a \$50.00 non-refundable Enrollment Fee is due with the return of your packet paperwork, which will include verification of required immunizations before attendance will be allowed.

Office Use:

Date Ap Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Age at Present Time: \_\_\_\_\_ Current CDL Family: \_\_\_\_\_ Enrollment Payment Received: \_\_\_\_\_