



2015-2016 Willie Price Lab School Application

Child's Name: First _____ Last _____

Name you prefer child to be called: _____

Child's Date of Birth: Month _____ Date _____ Year _____

Child's Gender: Male _____ Female _____

Ethnicity: Caucasian _____ Afro-American _____ Hispanic _____ Asian _____ Other _____

Applying For: August 2014

3K Full Day _____ 4K Full Day _____

Parents/ Guardians Name(s): First _____ Last _____
First _____ Last _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Mother's Employer: _____

Mother's Day Time Phone: _____

Mother's Cell Number: _____

Mother's Email: _____

Father's Employer: _____

Father's Daytime Phone Number: _____

Father's Cell Number: _____

Father's Email: _____

Is a member of your family employed by/ attending the University?

Yes _____ No _____

If yes, please choose one of the following

Staff _____ Student _____ Faculty _____ Department: _____

Please list health concerns: _____
