



**2016-2017**  
**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 2016

3K Full Day \_\_\_\_\_ 4K Full Day \_\_\_\_\_

Parents/ Guardians Name(s): First \_\_\_\_\_ Last \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

**If YES, please check all that apply:**

Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Staff \_\_\_\_\_ Student \_\_\_\_\_ Faculty \_\_\_\_\_ Department: \_\_\_\_\_

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: \_\_\_\_\_

Please list health concerns: \_\_\_\_\_

\_\_\_\_\_