



**USU BRIGHAM CITY CHILD DEVELOPMENT LABORATORY
APPLICATION**

This application puts your child on a waiting list for the year indicated.
It is not a guarantee of enrollment.
The enrollment process begins just prior to the upcoming school year.

APPLICANT INFORMATION

Date of Application:	Academic year for which you are applying: (Child MUST turn 4 by September 1 st of the academic year):	
	Age by academic pre-school year: Years: Months:	
Child's First Name:	Child's Last Name:	
Child's Date of Birth:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>

PARENT/LEGAL GUARDIAN INFORMATION

Name:				
Please indicate if any of the following apply to you (circle): *Did older sibling(s) of this child previously attend the USU Brigham City Child Development Lab? Y N If YES, please indicate the child's sibling(s) and year(s) attended: _____				
*Are you a student at or an employee of USU Brigham City? Y N				
Mailing Address:	Street:		State:	
	City:			Zip Code:
Preferred Phone:	Home:	<input type="checkbox"/>	Alternate Phone:	
	Cell:	<input type="checkbox"/>		Home:
	Work:	<input type="checkbox"/>		Cell:
			Work:	
E-mail:				

**CHILD MUST BE FULLY TOILET TRAINED AND
IMMUNIZATIONS MUST BE CURRENT BY THE FIRST DAY OF ATTENDANCE.**

*Eighty percent (80%) of enrollment spots will be filled on a first-come, first-served basis, with preference given to siblings of previously enrolled children and children of current USU students and employees. The remaining twenty percent (20%) will be filled based upon the needs of the USU Brigham City Child Development Laboratory.

SIGNATURE

I understand that I must notify the USU Brigham City Child Development Laboratory of any changes to the above information.

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------