

Send to
Lucy Brock CDLP
C/O ASU
PO Box 32056
Boone, NC 28608

Date Received: _____
(for office use only)

Lucy Brock Child Development Laboratory Program (LBCDLP)

Application

**Appalachian State University
Department of Family and Consumer Sciences**

Child's Name: _____
Last First Middle

Date of Birth _____ Boy Girl
(or anticipated delivery) (circle one)

Home Address _____ Phone _____

City, Zip _____ Email _____

Father's Name _____ Cell Phone _____

Business Name _____

Business Address _____ Phone _____

Mother's Name _____ Cell Phone _____

Business Name _____

Business Address _____ Phone _____

Siblings: (Names, gender, birth dates; please indicate if siblings attended LBCDLP)

Please indicate any allergies. Also list any identified disabilities, delays in physical, mental, emotional development, and/or any other diversity considerations. LBCDLP is inclusive and actively seeks to increase diversity in the groups of children served.

Starting date requested: _____ (when child is/will be what age? _____)

The infant/toddler room serves children from birth to 3 years of age; the preschool room serves children from 3 through 5 years of age. Your child's name will be placed on our waiting list; please be aware that decisions made regarding placement are based on a multitude of factors, not necessarily order on the waiting list.

Please remember to update your information when changes in address or telephone number occur. If you are submitting an application for an unborn child, it is important that you update the information (name, gender, date of birth) when the child is born. Failure to update your application may result in removal of your child from the waiting list.

Signature of person making application _____ Date _____