

University of North Texas Child Development Laboratory  
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Web Site: <https://childdevelopmentlab.unt.edu/>  
Dr. Carol Hagen, Director

For Office Use \_\_\_\_\_  
Date Received \_\_\_\_\_  
Acknowledgement \_\_\_\_\_

**APPLICATION FOR CONSIDERATION FOR ADMISSION**

Child's Name \_\_\_\_\_ Sex/Gender \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/  
Other Phone \_\_\_\_\_  
Previous School Experience \_\_\_\_\_  
Is (or will be) the child a native English speaker? \_\_\_\_\_ Other languages? \_\_\_\_\_

Check Program(s) Desired  
( ) Morning M-F (8am-12pm) ( ) Lunch M-F (12pm-1pm) ( ) Afternoon M-F (1pm-5pm)

Semester and year for entrance \_\_\_\_\_

Father's/ Guardian's Name \_\_\_\_\_

UNT Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Community Member \_\_\_\_\_

Mother's/ Guardian's Name \_\_\_\_\_

UNT Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Community Member \_\_\_\_\_

Email \_\_\_\_\_

How is this child unique in needs or abilities?  
\_\_\_\_\_

If age appropriate, are toilet habits established?  
\_\_\_\_\_

Parenting enrichment programs and conference opportunities will be available. Will you be interested in attending?  
\_\_\_\_\_

YOUR CHILD'S NAME WILL BE PLACED ON THE WAITING LIST UPON RECEIPT OF THIS COMPLETED FORM. THANK YOU FOR YOUR INTEREST IN OUR PROGRAM

Signature of Parent/Guardian completing this form \_\_\_\_\_ Date \_\_\_\_\_

Email of Parent/Guardian completing this form \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax to the address above or e-mail [amber.brasher@unt.edu](mailto:amber.brasher@unt.edu)