

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

Date Received: _____
(for office use only)

**Lucy Brock Child Development
Laboratory Programs
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 _____

Business Address _____ Phone _____

Mother's Name _____

Business Address _____ Phone _____

Siblings: (Names, gender, birth dates)

Please indicate any allergies. Also list any identified disabilities, and/or delays in physical, mental, or emotional development. Lucy Brock Laboratory Programs are inclusive and actively seek to increase diversity in the groups of children served.

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

Lucy Brock Upstairs serves children from birth to 3 years of age; Lucy Brock Downstairs serves children from 3 through 5 years of age. Your information and your child's information will be updated if you send this back. If you would like to be taken off the 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 _____

