



THE UNIVERSITY OF TEXAS AT AUSTIN

APPLICATION FOR ADMISSION

A \$35 non-refundable fee is required to process this application. Please include your check or money order only (no cash, please) made out to: UT at Austin. Thank you.

Name of Child: _____ Today's Date: _____
Last First Middle

Child's Date of Birth: _____ Age: _____ Gender: _____

If **Pregnant** or **Adopting** please give expected Due Date: _____

Mailing Address: _____
Number Street
City State Zip Home Phone

Name of Parent 1: _____
Cell Phone Work Phone
Email Address

Name of Parent 2: _____
Cell Phone Work Phone
Email Address

Name of Legal Guardian (if different from parents): _____

Please give names and birthdates of brothers and sisters of this child:

Name DOB Name DOB

Name DOB Name DOB

Please check your program preference: ___ mornings (9:00-12:00) ___ afternoons (1:30-4:30) or ___ either?

Have any of the above children attended the Lab?: _____ When?: _____

Please list other **family** members who have attended the Laboratory. Include name, relationship to applicant and dates attended:

Does your child have any special needs?: _____ Please explain:

Are you willing to cooperate with the Lab in the study of your child at home and in school? Y or N
Why do you want your child to attend the Child and Family Laboratory?

rev 8/4/16

PRENATAL?	Date Rec'vd _____	Date Entered _____	Date Confirmation Emailed _____
Birth Announcement _____	Chk # _____	Deposit Date _____	Tour Date _____

THE FOLLOWING INFORMATION IS NECESSARY FOR RESEARCH PURPOSES, BUT WILL NOT INFLUENCE ADMISSION TO OUR PROGRAM.

Name of Parent 1: _____ Gender : _____ DOB: _____

Ethnicity:

African American

Asian

Caucasian

Hispanic

Native American

Other: _____

(Please Specify)

Education: (Highest level completed in school)

less than high school (grade 12)

high school (or passed grade 12)

high school, plus business or trade school diploma or equivalent

one to four years of college, but did not graduate

graduated from college; B.S., B.A., or equivalent

post graduate profession degree (i.e. M.A., M.S.W., D.D.S., PhD., M.D., etc)

Occupation: _____

Name of Parent 2: _____ Gender : _____ DOB: _____

Ethnicity:

African American

Asian

Caucasian

Hispanic

Native American

Other: _____

(Please Specify)

Education: (Highest level completed in school)

less than high school (grade 12)

high school (or passed grade 12)

high school, plus business or trade school diploma or equivalent

one to four years of college, but did not graduate

graduated from college; B.S., B.A., or equivalent

post graduate profession degree (i.e. M.A., M.S.W., D.D.S., PhD., M.D., etc)

Occupation: _____

Joint Family Income:

Less than \$34,999

\$35,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

\$100,000 to \$149,999

over \$150,000

Marital Status:

Married

Single

Divorced

Separated

Widowed

Other: _____

(Please Specify)

MAIL THIS APPLICATION WITH FEE TO:

**The University of Texas at Austin
Priscilla Pond Flawn Child and Family Laboratory
108 East Dean Keeton, Stop A2701
Austin, TX 78712**

For more information please contact us at:

(512) 471-3974

PPFCFL@utlists.utexas.edu