



Office Use Only
Date of Application: _____
Deposit: _____

Blake High School
Child Development Lab School Application

Child's Name _____
Last First Middle

Prefers To Be Called _____ Sex _____

Birth Date _____ Age in September 2017 _____ years _____ months

Address

_____ Street City State Zip

Best Phone Number _____

Elementary School in Your Neighborhood: _____

Parent/Guardian Name _____

Email Address _____ * REQUIRED Please print CLEARLY

Cell Phone _____ Daytime Phone _____

Relationship to Child _____

Parent/Guardian Name _____

Email Address _____ * REQUIRED Please print CLEARLY

Cell Phone _____ Daytime Phone _____

Relationship to Child _____

The Child Lives With _____

Siblings (names and ages in September 2017)

Please Email a completed application to: rachel_a_miller@mcpsmd.org **OR** mail to:
James Hubert Blake High School, Attn: Rachel Miller 300 Norwood Road
Silver Spring, MD 20905

Ethnic or Cultural Heritage _____

Holidays Celebrated _____

Language

Primary Language Spoken _____

Other Language(s) Spoken _____

Previous School Experiences _____

Medical Issues/Allergies _____

Food Restrictions _____

Dietary Restrictions _____

<p>What makes your child happy and what does he or she like?</p> <p>Sad/Dislike?</p> <p>Fearful/Afraid?</p>
<p>Describe the child's special interests and what he or she does well.</p>
<p>Is there any additional information that you feel would be helpful?</p>

Describe your child in five words:

1. _____ 2. _____

3. _____ 4. _____

5. _____

Signature _____ **Date** _____

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