

Email is Best Means of communication- Please email me if you have any questions  
Thanks ☺ [Kimberly A Krill@mcpsmd.org](mailto:Kimberly_A_Krill@mcpsmd.org)

Office Use Only  
Date of Application: \_\_\_\_\_  
Deposit: \_\_\_\_\_

## **Child Development Lab School Application**

### **Child's Name**

\_\_\_\_\_ Last First Middle

Prefers To Be Called \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Age by September 1, 2022: \_\_\_\_\_ years \_\_\_\_\_ months

### Address

\_\_\_\_\_ Street City State Zip

Phone \_\_\_\_\_

Elementary School Child Will  
Attend \_\_\_\_\_

**Parent #1 /Guardian Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Required: Please Type or Print Clearly**

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**Parent #2 /Guardian Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Required:**

**Please Type or Print Clearly**

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**The Child Lives With (both parents, Mom, Dad, etc.)** \_\_\_\_\_

**Siblings (names and ages in September 2022)**

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**Ethnic or Cultural Background**

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**Holidays Celebrated**

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**Language**

Primary Language Spoken

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Other Language(s) Spoken

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**Previous School Experiences**

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**Special Health Problems** (any information about health problems will be kept confidential)

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**Food Restrictions** \_\_\_\_\_

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**Dietary Restrictions** \_\_\_\_\_

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**What makes your child happy and what does he or she like?**

**Sad/Dislike?**

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**Describe the student's special interests and what he or she does well.**

**Is there any additional information that you feel would be helpful?**

**Parent/Guardian Signature**

**Date**

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