



Office Use Only

Date of Application: _____

Deposit: _____

**Seneca Valley High School
Child Development Lab School Application 2020-2021**

Child's Name _____
Last First Middle

Prefers To Be Called _____ Sex _____

Birth Date _____ Age as of September 1, 2020: _____ years _____ months

Session Preferred (please check one): _____ AM _____ PM

Address _____
Street City State Zip

Home Phone _____

Elementary School Child Will Attend: _____

Parent/Guardian Name _____

Email Address _____ * REQUIRED Please print CLEARLY

Cell Phone _____ Work Phone _____

Occupation _____ Relationship to Child _____

Parent/Guardian Name _____

Email Address _____ * REQUIRED Please print CLEARLY

Cell Phone _____ Work Phone _____

Occupation _____ Relationship to Child _____

The Child Lives With (both parents, Mom, Dad, etc.) _____

Please mail the completed application to: Seneca Valley High School,
Attn: Susan Eckrich, Preschool Director, 19401 Crystal Rock Dr. Germantown, MD 20874.
Please include a check or money order made out to Seneca Valley High School with the \$100.00 deposit.

Siblings (names and ages)

_____	_____
_____	_____
_____	_____

Ethnic or Cultural Heritage _____

Holidays Celebrated _____

Language

Primary Language Spoken _____

Other Language(s) Spoken _____

Previous School Experiences

Special Health Problems _____

Food Restrictions _____

Dietary Restrictions _____

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

Sad/Dislike?

Fearful/Afraid?

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

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

Signature _____ **Date** _____

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