

Office Use Only	
Date of Application:	
Deposit:	

Bethesda- Chevy Chase High School Child Development Lab School Application

Last	First	Middle			
Prefers To Be Called		Sex			
Birth Date	_ Age in September 2025:	years months			
Address					
Street	City Sta	te Zip			
Home Phone					
Elementary School in Your Neighborhood:					
Parent/Guardian Name					
Email Address	* REQUIRE	D Please print CLEARLY			
Cell Phone	Daytime Phone _				
Occupation	Relationship to C	hild			
Parent/Guardian Name					
Email Address	*	REQUIRED Please print CLEARLY			
Cell Phone	Daytime Phone				
Occupation	Relationship to Child				
The Child Lives With (both pare	ents, Mom, Dad, etc.)				
Siblings (names and ages in So	eptember 2025)				

Ethnic or Cultural Heritage	
Please Email a completed application to: Erin_E_Burrell@mcpsmd.org OR mail to: Bethesda-Chevy Chase High School, Attn: Erin Burrell, 4301 East-West Highway, Beth Holidays Celebrated	nesda, MD 20814
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?	
Describe your child in five words:	
1	

Signature	Date	
5		
4		
3		
2		

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