

Chris' Learning Center

3100 Tucker Road

Fort Washington, MD 20744

301-248-1111

Application

Child's Name: _____ DOB: _____ Sex: _____

Address: _____

Mother's Name: _____ Home Phone: _____

Home Address: _____

Work Address: _____

Present Occupation: _____ Work Phone: _____

Mother's email address: _____

Father's Name: _____ Home Phone: _____

Home Address (if different): _____

Work Address: _____

Present Occupation: _____ Work Phone: _____

Father's email address: _____

Does your child have allergies? If yes, explain: _____

Does your child have any limitations or disabilities? If yes, explain: _____

Does your child have an IEP or IFSP? If yes, please provide a copy for our records. _____