Ward's Chapel Preschool

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2026-2027
2s - APPLICATION FOR ENROLLMENT

FOR SCHOOL USE ONLY
Reg _____ Sec. Dep _____ Sent Medical & Contract _____

Class (9:00 - 11:15): ____ **MT** ~~____ MTW~~ **Annual Updates** _____ _____ _____

GENERAL ***(Please print clearly)*** Primary Phone Number (_____) _____ - _____

Child's Name _____
First Middle Last

Birth date _____ Sex - Male Female

Address _____
Number and Street City State Zip

Primary Email Address ***Please print clearly!*** _____

Mother's Name _____ Age _____ Occupation _____

Father's Name _____ Age _____ Occupation _____

Who has custody of the child? _____ mother _____ father _____ both _____ other _____

Is English your *NATIVE* language? _____ yes _____no If not, what is? _____

At home, we primarily speak: _____ English _____ Spanish _____ French _____ Other _____

Has your child been enrolled in a previous child care setting? _____ no _____ yes

If yes, where and how long? _____

Will your child be attending a concurrent school setting while they attend WCPS? _____ no _____ yes

Does your family attend church? _____ no _____ yes If yes, where? _____

Names and birthdates of siblings: _____

Other adults in the home: _____ Pets _____

PHYSICAL DEVELOPMENT

Has your child ever been evaluated by any of the following: _____ Infants & Toddlers _____ Child Find

_____ Speech Pathologist _____ Occupational or Physical Therapist _____ Developmental Pediatrician

If so, what were the findings_____

_____

At about what age did your child walk? _____ Do you suspect any vision issues? _____ no _____ yes

Do you suspect any speech issues? _____ no _____ yes Do you suspect any hearing issues? _____ no _____ yes

Does your child have an FSP or IEP? _____ no _____yes If so, please attach a copy of your plan.

If so, briefly explain_____

_____

Were there any problems during pregnancy or childbirth? _____ no _____ yes

If yes, please explain _____

Are there any special dietary, health conditions or allergies about which we should know? _____

_____

Is your child toilet trained? _____ no _____ yes If not, please explain any progress _____

_____

What play materials does your child enjoy? (indoor & outdoor) _____

_____

_____

INTELLECTUAL DEVELOPMENT

How much time is spent reading to your child daily? _____

What are your child's special interests? _____

_____

SOCIAL DEVELOPMENT

About how much time does your child spend each day doing the following:

TV _____ Tablet _____ Smart phone _____ Video games _____

Playing with other children _____ Ages of his/her playmates _____

Describe your child's play experiences with their peers _____

_____

In what kind of situation will your child need the most help? _____

_____

EMOTIONAL DEVELOPMENT

Do you feel you have discipline difficulties with your child? If so, how do you handle them? _____

_____

Are you aware of any fears or anxieties of your child? If so, what? _____

What three words would best describe your child to us?

confident _____ insecure _____ fearful _____ trusting _____ hostile _____ rebellious _____ loving _____

anxious _____ responsible _____ defiant _____ self-reliant _____ leader _____ follower _____ creative _____

bossy _____ curious _____ happy _____ shy _____ friendly _____ giving _____ angry _____ calm _____

imaginative _____ fearless _____ clever _____ confident _____ clumsy _____ athletic _____ eager _____

What do you enjoy most about your child? (To be answered by BOTH parents) _____

_____

_____

_____

_____