

# Ward's Chapel Preschool

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**2026-2027**

## 3s - APPLICATION FOR ENROLLMENT

### FOR SCHOOL USE ONLY

Reg \_\_\_\_\_ Sec. Dep \_\_\_\_\_ Sent Medical & Contract \_\_\_\_\_

AM Classes (9:00 am - 12:00 pm): MTW ~~THF~~ 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) \_\_\_\_\_