## Ward's Chapel Preschool

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## 2025-2026 3s - APPLICATION FOR ENROLLMENT

	F	OR SCHOOL USE ONLY				
Reg	Sec. Dep	Sent N	Medical & Contract			
AM Classes (9:00-11:30): MTW ThF-		Annual Updates				
GENERAL (Please print clearly)		Primary Phone Number ()				
Child's Name						
	First	Middle	Last			
Birth date		Sex -	Male Female			
Address	er and Street	City	State	Zip		
Primary Email Address <b>P</b> I	ease print clearly!					
	child? mother					
Is English your NATIVE la	inguage? yes	_no If not, what is?				
At home, we primarily	speak: English	Spanish French	Other			
Has your child been enro	lled in a previous child care s	setting? no	_ yes			
If yes, where and how	long?					
Will your child be attend	ing a concurrent school setti	ng while they attend WCP	PS? no yes			
Does your family attend	church? no y	es If yes, where?				
Names and birthdates of	siblings:					
	<b>:</b> :					
PHYSICAL DEVELOPMEN	<u>T</u>					
Has your child ever been	evaluated by any of the follo	owing: Infants &	Toddlers Child Fin	ıd		
Speech Patholo	gist Occupational o	r Physical Therapist	Developmental Pediatr	ician		
If so, what were the fi	ndings					
At about what age did yo	our child walk?	Do you suspect	t any vision issues?			
Do you suspect any spee	ch issues? no	_ yes         Do you suspec	t any hearing issues?	no yes		
Does your child have an	FSP or IEP? no	yes If so, please atta	ach a copy of your plan.			
				<del></del>		

Were there any problems of	during pregnancy or	childbirth?r	no yes		
If yes, please explain					
Are there any special dieta	ry, health conditions	s or allergies about w	hich we should kn	iow?	
Is your child toilet trained?	no	_ yes	explain any progr	ess	
What play materials does y	our child enjoy? (ind	door & outdoor)			
INTELLECTUAL DEVELOPM					
How much time is spent re	ading to your child o	daily?			
What are your child's speci	al interests?				
SOCIAL DEVELOPMENT					
About how much time doe	s your child spend e	ach day doing the fol	lowing:		
TV Tal	olet	Smart phone		Video game	2S
Playing with other children		Ages of his/h	ner playmates		
Describe your child's play e	experiences with the	ir peers			
In what kind of situation w	ill your child need th	ne most help?			
EMOTIONAL DEVELOPMEN  Do you feel you have discip		your child? If so, ho	w do you handle t	hem?	
Are you aware of any fears	or anxieties of your	child? If so, what? _			
What three words would b	est describe your ch	nild to us?			
confident insecure	e fearful	trusting	hostile	rebellious	loving
anxious responsibl	e defiant	self-reliant	leader	_ follower	creative
bossy curious	hарру	shy friend	y giving _	angry _	calm
imaginative fearle	ess clever _	confident	clumsy	athletic	eager
What do you enjoy most al					