

Ward's Chapel Preschool

11023 Liberty Road
Randallstown, MD 21133
410.922.6595 wardschapelpreschool@verizon.net

2021-2022 3s - APPLICATION FOR ENROLLMENT

FOR SCHOOL USE ONLY

Reg _____ Sec. Dep _____ Sent Medical, Emergency Card & Contract _____

AM Classes (9:00-11:30): _____ AM MTW _____ AM TF _____ Annual Updates _____
PM Class (12:30-3:00) _____ PM MTW _____

Child's Name _____
First Middle Last

Birthdate _____ Child's gender - Male Female

Primary Email Address *Please print clearly!* _____

Primary Phone Number (_____) _____ - _____ Secondary Phone Number (_____) _____ - _____

Address _____
Number and Street City State Zip

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

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

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 _____

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

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

If yes, please explain _____

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

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 _____ sneaky _____ clumsy _____ athletic _____ eager _____

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