

#### Watkins Mill High School Early Child Development Preschool Laboratory Program

This unique program provides a quality educational experience for preschool children and high school students who are eager to work and learn together.

Children who are 3 and 4 years old are eligible to participate in the Preschool Lab Program during the 2023-2024 school year. Children must be toilet trained to participate.

Please complete the attached application and forward the application along with a \$100.00 Non-refundable deposit to: (Checks should be made payable to Watkins Mill High School)

Early Child Development Preschool Lab Program Watkins Mill High School 10301 Apple Ridge Road Gaithersburg, Md 20886

You are invited to visit the Early Child Development Preschool Lab Program. Please email Melissa Cloyd at melissa\_cloyd@mcspsmd.org to make arrangements.

Administration is still working on the final times for bell schedule for next school year. Watkins Mill Preschool will offer a morning session for the 2023-2024 school year.

Tentative session times will be: 8:00 a.m.-11 a.m. Monday-Thursday

Once I know the Exact Bell schedule I will update the times on the school website.

Thank you for your interest in our program

Dr. Melissa Cloyd Watkins Mill High School Early Child Development Teacher

#### **HELPFUL INFORMATION**

# Early Child Development Preschool Lab is now Accepting Applications for 2023-2024 school year

Children should be 3 years old by January 1, 2023.

Class periods are based on high school enrollment in classes and will not be finalized until late May/beginning of June 2023. Dr. Cloyd will email all applicants accepted and update them on registration forms.

#### **Tentative Times -**

Morning Session: 8:00-11:00

Preschool session times are based on the number of high school class periods offered. The standard fee for this session will be \$600 for the year. (\$100 non-refundable deposit at application)

Preschool Sessions run October-May. There will be a preschool promotion ceremony in May.

#### We have 14 preschool openings for the 2023/2024 school year.

Parents pay a minimum payment each month. Classes operate Monday – Thursday except when MCPS is closed. A detailed explanation of how class runs will be provided at the orientation which is held the 1st or 2nd week in October. An orientation invitation will be emailed to you along with health forms. If you submit an application and you change your address, phone number or email please send updated information to Dr. Cloyd as soon as possible.

Acceptance of Applications will be based on first come, first served. Spots fill up quickly so please apply early. Applicants please apply by June 1, 2023.

Melissa\_cloyd@mcpsmd.org

| Office Use Only<br>Date of Application: |  |
|---|--|
| Deposit:                                |  |
|   |  |

### **Child Development Lab School Application**

## **Child's Name** Last First Middle Prefers To Be Called \_\_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age by September 1, 2023: \_\_\_\_\_years \_\_\_\_ months Address Street City State Zip Phone \_\_\_\_\_ Elementary School Child Will Attend \_\_\_\_\_\_ Parent #1 /Guardian Name\_\_\_\_\_ Email Address\_\_\_\_ Cell Phone Work Phone Occupation Parent #2 /Guardian Name\_\_\_\_\_ Email Address Cell Phone\_\_\_\_\_ Work Phone Occupation The Child Lives With (both parents, Mom, Dad, etc.) Siblings (names and ages in September 2023)

| Ethnic or Cultural Background   |  |  |
|---|--|--|
| Holidays Celebrated   |  |  |
| Language Primary Language Spoken  |  |  |
| Other Language(s) Spoken  |  |  |
| Previous School Experiences   |  |  |
| Special Health Problems (any information about health problems will be kept confidential) |  |  |
| Food Restrictions   |  |  |
| Dietary Restrictions  |  |  |
| What makes your child happy and what does he or she like?                                 |  |  |
| Sad/Dislike?  |  |  |
| Describe the student's special interests and what he or she does well.                    |  |  |
|   |  |  |
|   |  |  |

| Is there any additional Information that y | ou feel would be helpful? |
|--|---------------------------|
|  |                           |
|  |                           |
|  |                           |
|  |                           |
| Parent/Guardian Signature                  |                           |
|  | Date                      |

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