



**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 2024-2025 school year. Children must be toilet trained to participate.

Please complete the attached application. It may be dropped off at Watkins Mill High School (Main Office) or e-mailed to [melissa\\_cloyd@mcpsmd.org](mailto:melissa_cloyd@mcpsmd.org).

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@mcpsmd.org](mailto:melissa_cloyd@mcpsmd.org) to make arrangements.

Watkins Mill Preschool will offer a morning session for the 2024-2025 school year.

8:00 a.m.-11 a.m. Monday-Thursday

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 2024-2025 school year

**Children should be 3 years old by January 1, 2024.**

Dr. Cloyd will email all applicants accepted and update them on registration forms. Official enrollment forms will be mailed to the child's home during the first week of September 2024.

### **Times -**

Morning Session: 8:00-11:00 Monday-Thursday

Preschool session times are based on the number of high school class periods offered. Preschool Sessions run October-May. There will be a preschool promotion ceremony in May.

**We have 14 preschool openings for the 2024/2025 school year.**

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 will fill up quickly so please apply as soon as possible.**

**Melissa\_cloyd@mcpsmd.org**

Office Use Only 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 2024)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 you feel would be helpful?**

**Parent/Guardian Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_