

MONTGOMERY COUNTY PUBLIC SCHOOLS

Application Form for Early Child Development Program

Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

School staff members complete Section I of this form, and the Parent/Guardian completes Sections II, III, and IV and mails the completed form to the school indicated below.

SECTION I: School staff members complete Section I.

The completed application should be mailed to the attention of _____,
at _____ School.
Address _____

Priority is given to children who reside in the local school boundary. In order to serve as many preschoolers as possible, the Early Child Development (ECD) program does not encourage children to repeat the ECD program. Consideration will be given to other children outside of the local school boundary on a first come, first served basis after ___/___/_____. Please note: **Transportation is not provided for these programs.**

You will receive notification in the mail with the days and times your child will attend the program. **A payment will be due upon acceptance and a second payment will be due at the beginning of the semester.** If you have any questions, please contact:

Name _____ Phone: ____-____-_____

If your child is accepted, you will be required to complete the following MCPS enrollment forms:

- MCPS Form 560-24, *New Student Information*
- MCPS Form 565-1, *Student Emergency Information*
- Immunizations (MDH Form 896, or computer form generated by physician/health clinic)
- MCPS Form 525-17, *Dental Health Form*
- MCPS Form SR-6, *Maryland Schools Record of Physical Examination*
- DHMH Form 4620, *Lead Testing Certificate*

All parents/guardians enrolling students (new or reentering MCPS) must provide verification of student's date of birth, student identity (name), parent/guardian identity and proof of relationship to student, residency, and immunizations, unless homeless. See [MCPS Form 560-24B, Quick Guide to Enrollment](#) for more information.

SECTION II: STUDENT INFORMATION

Child's Name (Last, First, MI) _____
 Child's Preferred Name _____
 Home Address: Street _____ City _____ State ____ Zip _____
 MCPS Home School _____
 Date of Birth: ___/___/_____ Phone: ____-____-_____

SECTION III: FAMILY INFORMATION

Parent/Guardian's Name: _____ Relationship: _____

Address: _____

Home Phone: ____-____-____ Work Phone: ____-____-____ Cell Phone: ____-____-____

Email: _____

Parent/Guardian's Name: _____ Relationship: _____

Address: _____

Home Phone: ____-____-____ Work Phone: ____-____-____ Cell Phone: ____-____-____

Email: _____

Family Members or Others Living in the Home:	
Name	Relationship (include children's ages)

SECTION IV: SOCIAL-EMOTIONAL AND BEHAVIORAL CHARACTERISTICS

1. Has your child had previous experience in group childcare or preschool? Yes: Yes No If yes, please describe:

2. I would describe my child this way:

3. My child plays with (describe play with other children in the neighborhood, relatives, etc.):

4. Do you have concerns about your child's behavior? Yes No If yes, please describe:

5. I encourage my child's acceptable behavior by:

6. I manage unacceptable behavior by:

SECTION V: FUNCTIONAL SKILLS/DAILY ROUTINE

A typical day with my child includes: *(Please give information about the morning routine, child care, preschool, meals, evening routine, etc.):*

During the daily routine, my child needs help with:

I confirm that my child is toilet trained as required for the ECD program enrollment: Confirmed Yes

SECTION VI: OTHER

I would like my child to learn or improve in:

Is there any additional information that you feel would be helpful?

SECTION VII: PARENT/GUARDIAN AUTHORIZATION

I understand the ECD preschool lab program procedures as shared by school staff. I have the right to provide written consent before MCPS discloses personally identifiable information from my child's education records, unless federal law or state law specifically authorizes disclosure without consent. Guidelines for release of directory information, as well as the opportunity to opt-out from this release, are referenced on [MCPS Form 281-13, Annual Notice for Directory Information and Student Privacy](#).

In addition, please note that consent is not required for disclosures to school officials with legitimate educational interests, including administrators, teachers, or other staff employed by MCPS, as well as others acting on behalf of MCPS who need access to fulfill their job responsibilities, such as: School Health Services Staff and other health professionals who work with schools; school security personnel; a Montgomery County Board of Education member; a person, organization, or company under contract with MCPS to perform a service or function for which MCPS would otherwise use its own employees (such as attorneys or auditors); or a parent/guardian or other volunteer serving on a MCPS committee or helping other school officials perform their tasks.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: ___/___/___

FOR OFFICE USE ONLY

Date Received	Deposit Received	Assigned Class	Forms Given	Forms Received	Payment Received
___/___/___	___/___/___		___/___/___	___/___/___	___/___/___