



**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 2025-2026 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.

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 to make arrangements.

Watkins Mill Preschool will offer a morning session for the 2025-2026 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 2025-2026 school year

Children should be 3 years old by January 1, 2025.

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 2025.

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 2025/2026 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 usually held the 1st 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, 2025: _____ 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 2025)

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** _____