



# School Year 2024-25 (start date September 3, 2024)

2801 Cheverly Avenue, Cheverly, Maryland 20785  
301-232-9150 | [WDN@cheverlyumc.org](mailto:WDN@cheverlyumc.org)

Return completed form directly to the CWDN office, or email to [WDN@cheverlyumc.org](mailto:WDN@cheverlyumc.org).  
Upon receipt of this form, you will receive an email with a link to a full Registration Packet with forms for signatures.

### CHILD'S INFORMATION (Please print clearly)

Child's Full Name: \_\_\_\_\_ Gender:  F  M  
 Preferred Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Child is potty trained:  Yes  No  
month day year  
 Home Address: \_\_\_\_\_  
Number & Street Name City State Zip Code  
 Languages spoken in home: \_\_\_\_\_  
 Has your child attended nursery, preschool, or childcare before?  No  Yes  
 If Yes, where? \_\_\_\_\_  
 Does your child have any allergies, asthma, seizures, or chronic illness?  No  Yes  
 If Yes, please describe: \_\_\_\_\_  
 Are medications needed for this condition?  No  Yes  
 Does your child require a nut-free (or other food allergen) environment?  No  Yes  
 At CWDN we strive to create an inclusive and supportive environment for all children. To ensure that we can provide the best possible care and assistance, we kindly ask if there is any specific needs or considerations regarding your child's health or development that you would like us to be aware of?  
 \_\_\_\_\_  
 Does your child have an IEP or a 504 plan?  No  Yes (If yes, please attach documents)

***A nonrefundable Registration Fee of \$150 is due with application for all students.***

If applying online you will receive an emailed invoice for the Registration Fee. (Registration Fee for both Fall AND Summer is \$250)  
A 10% Sibling Discount is applied to families with more than one student. Please complete separate application for each child.  
***New Students only, a Birth Certificate and Immunization Records are also due with application.***

#### Number of Days per week to attend:

(choose 1)>  5 days, M-F  3 days, M-W  2 days, Th-F

#### Length of Day to Attend:

(choose 1)>  Full-day, 8a-3:30p  Half-day, 8a-12p

**AfterCare needed**, available to Full-day Students ONLY: 3:30-6p.

**Start Date**, if other than Sep 3, 2024: \_\_\_\_\_

*For New Applicants ONLY:*

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Full Legal Name:		
Relationship to Child:		
Cell Phone:		
Occupation:		
Employer:		
Work Phone:		
E-mail Address:		

Status of Parents: ( ) Married ( ) Single ( ) Divorced ( ) Widowed ( ) Separated

Applicant lives with: \_\_\_\_\_