

This Brochure Provides Information About:

- The requirements that State-regulated family child care homes and child care centers must meet,
- Your rights and responsibilities as the parent of a child in regulated care, and
- How and where to file a complaint if you believe your child care provider has violated State child care licensing regulations.

Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education (MSDE), Division of Early Childhood Development. Within the Division, child care licensing is the specific responsibility of the Office of Child Care (OCC), Licensing Branch.

All child care facilities must meet minimum health, safety, and program standards set by Maryland law. To remain licensed, facilities must maintain compliance with those standards. Every licensed facility is inspected by OCC at least once each year to evaluate the facility's compliance with child care regulations.

OCC's thirteen Regional Offices are responsible for licensing activities, including:

- Issuing child care licenses;
- Inspecting child care facilities;
- Investigating complaints against licensed child care facilities;
- Investigating reports of unlicensed (illegal) child care; and
- Taking enforcement action when necessary to achieve compliance with regulations.

There are two types of regulated child care facilities: family child care homes and child care centers.

Family Child Care Homes and Child Care Centers Must Meet the Following Requirements:

- Have the approval of OCC, the fire department and other local agencies, as required (i.e., zoning, health, and environment).
- Provide care only in the areas of the facility that have been approved for use.
- Have the license issued by OCC posted where it is easily and clearly visible to parents. The license shows:
 - the maximum number of children who may be present at the same time;
 - the age groups which may be served; and
 - the facility's approved hours of operation.
- At all times, each child must be supervised in a manner appropriate to the child's age, activities, and individual needs.
- All areas of the facility used for child care must be clean, well lit, and properly ventilated. Room temperatures should be comfortable.
- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that are appropriate to the age, needs and capabilities of each child.
- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. **Corporal punishment of any kind is strictly prohibited.**

ADDITIONAL INFORMATION

The Maryland Child Care Credential

Maryland has a voluntary child care credentialing program that recognizes child care providers' education, experience and professional activities at six levels.

Credentialed providers are authorized and encouraged to display the seal issued by the MSDE Office of Child Care.



Program Accreditation

Child care programs have the option of becoming state or nationally accredited. Accreditation means that the facility and staff have met program standards of quality.

Child Care and the Americans with Disabilities Act

The federal Americans with Disabilities Act (ADA) requires all child care programs to make reasonable efforts to accommodate children with disabilities. For more information about the ADA, please contact the OCC Regional Office in your area or one of the following organizations:

LOCATE: Child Care

Maryland Committee for Children, Inc.
608 Water Street
Baltimore, MD 21202
Phone: (410) 752-7588
www.mdchildcare.org

Maryland Developmental Disabilities Council

217 East Redwood Street, Suite 1300
Baltimore, MD 21202
Phone: (410) 767-3670
(800) 305-6441 (within Maryland)
www.md-council.org



State of Maryland
Martin O'Malley, Governor
Maryland State Department of Education
Nancy S. Grasmick
State Superintendent of Schools

OCC 1524 (rev. 12/2007)

A PARENT'S GUIDE

TO



REGULATED

CHILD CARE

* * *

*Important Information for
Parents of Children in
Child Care Facilities*

A publication of the
Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care

www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm

There are certain requirements that apply only to homes or centers.

Family Child Care Homes

- Up to 8 children may be in care at the same time if the home meets certain physical requirements. No more than 2 children under the age of two, including the caregiver's own, may be in care at the same time unless the home has been approved to serve additional children in this age group and an additional adult is present. Under no circumstance may care be provided at the same time to more than 4 children under the age of two.
- Each applicant for a family child care license must:
 - Have a criminal background check and child abuse/neglect clearance;
 - Submit a recent medical evaluation; and
 - Complete pre-service training requirements, including certification in first aid and CPR.
- Each adult resident of the home must also have a criminal background check and child abuse/neglect clearance.
- After becoming licensed, the caregiver must periodically complete additional training. Also, current certification in first aid and CPR must be maintained at all times.
- Each caregiver must have at least one substitute who is available to care for the children in the event of the caregiver's temporary absence from the home. Each substitute is subject to approval by OCC and must have a child abuse/neglect clearance. If paid by the caregiver, a substitute must also have a criminal background check. Before allowing a substitute to provide care, the caregiver must tell the substitute how to reach parents in the event of an emergency and familiarize the substitute with the home's child health and safety procedures.

Child Care Centers

The center director and staff members who have group supervision responsibilities must meet minimum education, experience, and training qualifications. They must also meet continued training requirements each year.

The director and all paid center employees must complete a criminal background check and a child abuse/neglect clearance, and submit a medical evaluation.

- In each classroom, staff/child ratios and maximum group size requirements must be maintained at all times. The following table shows some basic age groupings and the applicable requirements:

Age Group	Ratio	Maximum Size
0 –18 months	1:3	6
18 – 24 months	1:3	9
2 years	1:6	12
3 –4 years	1:10	20
5 years or older	1:15	30

- For every 20 children present, there must be at least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

You have the right to:

- Expect that your child's care meets the standards set by Maryland's child care licensing regulations (NOTE: the regulations are available online at: www.marylandpublicschools.org/MSDE/divisions/child_care/regulat/);
- Visit the facility without prior notification any time your child is there;
- See the rooms and outside play area where care is provided during program hours;
- Be notified if someone in the family child care home smokes. In child care centers, smoking is prohibited;
- Receive advance notice when a substitute will be caring for your child in a family child care home for more than two hours at a time;
- Give written permission before a caregiver may take your child swimming, wading, or on field trips;
- Give written authorization before any medication may be administered to your child;
- Be notified immediately of any serious injury or accident. If your child has a non-serious injury or accident, you must be notified on the same day;
- File a complaint with OCC if you believe that the caregiver has violated child care regulations.

- Any complaint you make to OCC about the care your child is receiving will be promptly investigated by OCC;
- Review the public portion of the licensing file for the facility where your child is or has been enrolled, or where you are considering enrolling your child.

How Do I File a Complaint?

If you wish to file a complaint, contact the OCC Regional Office in the area where the child care facility is located. Complaints may be filed anonymously. Listed below are Regional Offices and their main telephone numbers:

Region

1 – Anne Arundel County	410-514-7850
2 – Baltimore City	410-554-8300
3 – Baltimore County	410-583-6200
4 – Prince George's County	301-333-6940
5 – Montgomery County	240-314-1400
6 – Howard County	410-750-8770
7 – Western Maryland	
Hagerstown – Main Office	301-791-4585
Allegany Co. Field Office	301-777-2385
Garrett Co. Field Office	301-334-3426
8 – Upper Shore	410-819-5801
Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties	
9 – Lower Shore	410-713-3430
Somerset, Wicomico, and Worcester Counties	
10 – Southern Maryland	301-475-3770
Calvert, Charles and St. Mary's Counties	
11 – North Central	410-272-5358
Cecil and Harford Counties	
12 – Frederick County	301-696-9766
13 – Carroll County	410-751-5438

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated.

If you need additional help, you may contact the main office of the OCC Licensing Branch:

Program Manager, Licensing Branch
 MSDE Office of Child Care
 200 West Baltimore Street, 10th Floor
 Baltimore, MD 21201
 410-767-7805

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to verify that you received a copy of "A Parent's Guide to Regulated Child Care." On the lines below, please write the name of each child you have placed in the care of this provider. **Complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facility's files.**

Child: _____

Child: _____

Child: _____

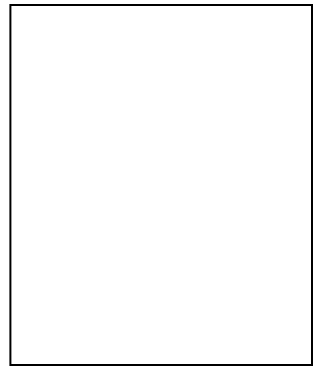
Child: _____

I, _____, have received a copy of the consumer education brochure entitled "Parent's Guide to Regulated Child Care."

 Date

 Signature of Parent/Guardian

**MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
MEDICATION ADMINISTRATION AUTHORIZATION FORM**



Child's Picture

Child Care Program: _____

This form must be completed fully in order for child care providers and staff to administer the required medication. A new medication administration form must be completed at the beginning of each 12 month period, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the facility.

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____
(PRN=as needed)

If PRN, for what symptoms: _____

Possible side effects - Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year (not to exceed 1 year)

Prescriber's Name/Title: _____
(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



This space may used for the Prescriber's Address Stamp

PARENT/GUARDIAN AUTHORIZATION

I/We request authorized child care provider/staff to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I/We understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication noted above may be authorized by the prescriber.

Prescriber's authorization: _____
Signature Date

Parental approval: _____
Signature Date

FACILITY RECEIPT AND REVIEW

Medication was received from: _____ Date: _____

Special Health Care Plan Received: YES NO

Medication was received by: _____
Signature of Person Receiving Medication and Reviewing the Form Date

MEDICATION ADMINISTERED

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or non-prescription to a child, including self-administration of a medication by a child, shall be noted in the child's record. Basic care items such as: a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health practitioner. These products are not required to be recorded on this form, but should be maintained as a part of the child's overall record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

Child's Name:			Date of Birth:	
Medication Name:			Dosage:	
Route:			Time(s) to administer:	
DATE	TIME	DOSAGE	REACTIONS OBSERVED (IF ANY)	SIGNATURE

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf
- **Evidence of Blood-Lead Testing for children living in designated at risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: <http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>

EXEMPTIONS

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

INSTRUCTIONS

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at

http://www.marylandpublicschools.org/NR/rdonlyres/B0050A99-6B3C-4396-A996-CC9405971A42/30754/1216_MedAuth_r120511.pdf

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____ Birth date: _____ Sex M F
 Last First Middle Mo / Day / Yr
 Address: _____
 Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Where do you usually take your child for routine medical care? Name: _____
 Address: _____ Phone Number: _____

When was the last time your child had a physical exam? Month: _____ Year: _____

Where do you usually take your child for dental care? Name: _____
 Address: _____ Phone Number: _____

ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

	Yes	No	Comments (required for any Yes answer)
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Bowels	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>	
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>	
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Does your child take medication (prescription or non-prescription) at any time?
 No Yes, name(s) of medication(s): _____

Does your child receive any special treatments? (nebulizer, epi-pen, etc.)
 No Yes, type of treatment: _____

Does your child require any special procedures? (catheterization, G-Tube, etc.)
 No Yes, what procedure(s): _____

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.
I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 Signature of Parent/Guardian _____ Date _____

PART II - CHILD HEALTH ASSESSMENT
To be completed ONLY by Physician/Nurse Practitioner

Child's Name: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Last First Middle </div>			Birth Date: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Month / Day / Year </div>			Sex M <input type="checkbox"/> F <input type="checkbox"/>		
1. Does the child named above have a diagnosed medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:								
2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:								
3. PE Findings								
Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated	
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REMARKS: (Please explain any abnormal findings.)								
4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: http://ideha.dhmh.maryland.gov/IMMUN/pdf/896_form.pdf)								
RELIGIOUS OBJECTION: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease. Parent/Guardian Signature: Date:								
5. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care).								
6. Should there be any restriction of physical activity in child care? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction:								
7. Test/Measurement		Results			Date Taken			
Tuberculin Test								
Blood Pressure								
Height								
Weight								
BMI %tile								
Lead Test Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No								

(Child's Name) **has had a complete physical examination and any concerns have been noted above.**

Additional Comments:

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:
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CHILDREN WHO ARE REQUIRED TO RECEIVE LEAD TESTING

Under Maryland law, children who reside, or have ever resided, in any of the at-risk zip codes listed below must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age.

If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.

The child's health care provider should record the test dates on page 3 of this form and certify them by signing and stamping the signature section of the form. All forms should be kept on file at the facility with the child's health records.

AT RISK AREAS BY ZIP CODE

Allegany ALL	Baltimore (cont) 21220 21221	Cecil 21913	Garrett ALL	Montgomery 20783 20787	Prince George's (cont) 20782 20783	St. Mary's 20606 20626
Anne Arundel 20711 20714 20764 20779 21060 21061 21225 21226 21402	21222 21224 21227 21228 21229 21234 21236 21237 21239 21244 21250 21251	Charles 20640 20658 20662	Harford 21001 21010 21034 21040 21078 21082 21085 21130 21111 21160 21161	20812 20815 20816 20818 20838 20842 20868 20877 20901 20910 20912 20913	20784 20785 20787 20788 20790 20791 20792 20799 20912 20913	20628 20674 20687
Baltimore 21027 21052 21071 21082 21085 21093 21111 21133 21155 21161 21204 21206 21207 21208 21209 21210 21212 21215 21219	Baltimore City ALL Calvert 20615 20714 Caroline ALL Carroll 21155 21757 21776 21787 21791	Dorchester ALL Frederick 20842 21701 21703 21704 21716 21718 21719 21727 21757 21758 21762 21769 21776 21778 21780 21783 21787 21791 21798	Howard 20763 Kent 21610 21620 21645 21650 21651 21661 21667	Prince George's 20703 20710 20712 20722 20731 20737 20738 20740 20741 20742 20743 20746 20748 20752 20770 20781	Queen Anne's 21607 21617 21620 21623 21628 21640 21644 21649 21651 21657 21668 21670 Somerset ALL	Talbot 21612 21654 21657 21665 21671 21673 21676 Washington ALL Wicomico ALL Worcester ALL

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care**

ALL ABOUT: _____
Child's First Name or Nickname

Child's Name: _____ Birthdate: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Address: _____ Zip Code: _____

Provider/Center: _____ Phone: _____

Address: _____ Zip Code: _____

The information contained herein is for CONFIDENTIAL USE ONLY.

THINGS MY CHILD DOES WELL

WHAT MY CHILD LIKES AND DISLIKES

THINGS I AM WORKING ON WITH MY CHILD

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES

THINGS MY CHILD MIGHT NEED HELP WITH

WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?

(For the use of the Child Care Facility when needed.)

This information is intended for use by the child care provider, developed in cooperation with the parents. **THIS IS NOT INTENDED TO BE A LEGALLY BINDING CONTRACT.**

Signatures:

Parent/Guardian: _____ Date: _____

Provider: _____ Date: _____

Updates:

Parent/Guardian: _____ Date: _____ Parent/Guardian: _____ Date: _____

Provider: _____ Provider: _____



Registration Form

CHILD'S FAMILY INFORMATION

Child's Name _____ Name Used _____

Date of Birth _____ Child's Address _____

Father/Guardian Name _____ Mother's/ Guardians Name _____

Home Address _____ Home Address _____

Employer _____ Employer _____

Address _____ Address _____

Mother's E-mail Address: _____ Father's Email Address: _____

Business Phone _____ Business Phone _____

REQUESTED DAYS OF ATTENDANCE

Days: M T W TH F Hours: _____ AM _____ PM

Requested Start Date: _____

HOW DID YOU HEAR ABOUT *STAGE RIGHT*?

Referral/ If so, who? _____

Walk-in _____ Telephone Directory _____ Other _____

**TO HOLD YOUR CHILD'S PLACE WITHIN THE PROGRAM
INCLUDE THE NON-REFUNDABLE \$50 REGISTRATION FEE WITH THIS FORM.**



Summer Camp Registration Form

CHILD'S FAMILY INFORMATION

Child's Name _____	Name Used _____
Date of Birth _____	Child's Address _____
Father/Guardian Name _____	Mother's/ Guardians Name _____
Home Address _____	Home Address _____
_____	_____
Employer _____	Employer _____
Address _____	Address _____
_____	_____
Mother's E-mail Address: _____	Father's Email Address: _____
Business Phone _____	Business Phone _____

REQUESTED DAYS OF ATTENDANCE

Days: M T W TH F Hours: _____ AM _____ PM

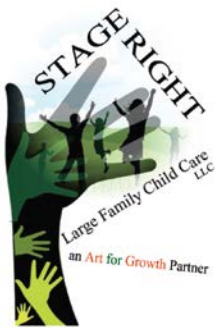
Requested Start Date: _____

HOW DID YOU HEAR ABOUT *STAGE RIGHT*?

Referral/ If so, who? _____

Walk-in _____ Telephone Directory _____ Other _____

**TO HOLD YOUR CHILD'S PLACE WITHIN THE PROGRAM
INCLUDE THE NON-REFUNDABLE \$50 REGISTRATION FEE WITH THIS FORM.**



CONTRACTUAL AGREEMENT

I/We, _____ agree to pay Stage Right LFCC (SR)
Parent/Guardian Name
 to provide _____ Care for my/the child whose information is
Length of Care, i.e., School Year, Summer Camp, or both
 provided below:

Child's Name	Gender (M/F)	Age	Grade	School

DAYS OF CARE: (circle all that apply) Mon Tues Wed Thurs Fri

TYPE OF CARE: (check box(es) that apply): Before After Drop Off Summer Camp

REGISTRATION FEE: In order to ensure a spot for my child/children, I agree to pay the first week childcare fees, due upon my child's/children's enrollment. In addition, I agree to pay a one-time, non-refundable registration fee of Fifty Dollars (\$50.00) per child. I understand that the total amount due at enrollment is \$ _____

Contractual Hours

To ensure that the program is staffed properly, please honor your contract drop-off and pick-up times for your child(ren). If you need to make a change to your contract drop-off and/or pick-up time, please discuss changes with the Director or Owner. However, the contractual hours can only be changed depending on staff availability. Due to childcare regulations as it pertains to staff/child ratio the program will not accept your child before his or her drop-off time.

Fees for Late Pick-Up

In the event an emergency arises which renders you unable to pick up your child as agreed, you should make every effort to make alternative arrangements for the timely pick-up of your child. However, if late pick up is unavoidable, you are expected to notify the Director as soon as you become aware of the likelihood of late pick-up. Due to the programs extended hours, there will be a \$10.00 late fee for every 5 minutes pick-ups are late after 7:00 pm, except in the case of death(s) or verifiable emergencies. Also, due to the meals provided for children after 6:00 pm, there will be a late Fee of \$3.00 per 5 minute charged to parents contracted for 6:00 pick-ups. Late Fees are to be paid in cash to the remaining staff member when you pick up your child. If you cannot pay your late fee that day, you have 24 hours to pay the balance due. If the fee is not paid within 24 hours then the fee will double. Any payments that are delinquent for over 30 days could result in the termination of the parent(s) contract with SR. Consistent neglect to pick-up a child or children can also result in contract termination.

CONTRACT FEES:

I agree to make _____ payments in the amount of \$_____ according to SR LFCC
Weekly, Bi-Weekly, or Monthly

Fee payment policies as stipulated in this contract.

VOUCHER RECIPIENTS:

I agree to complete and submit all necessary paper work to qualify and remain eligible for voucher assistance. In the event I incur costs for services that are not covered by voucher payments, I agree to bear sole responsibility for and to pay all such costs in a timely fashion.

Returned Check Policy

In the event your check, tendered for payment of our services, is dishonored, a \$40.00 return check fee will be assessed. In the event that a check for admission is returned twice, checks will no longer be accepted for payment from the family responsible for submitting the dishonored check.

Late Payments

Unless other arrangements have been agreed upon in your signed Program Agreement, admission payments should be submitted each week no later than Monday at pick-up time. Payments received after Monday are considered late payments and will be assessed in the amount of \$10.00 per day. Once a Red **Suspension of Admission Notice** is issued to a parent, that parent's child(ren) will not be allowed admittance, or receive transportation of any kind by SR staff until all past due fees are paid in full.

Refund Policy

No refunds will be given for days your child/children misses, or may miss due to illness, holidays, etc. Continuous payment of your program admission fees reserves a space for your child/children. Furthermore, in the event you withdraw your child, you **will not** receive a refund of any fees that have been pre-paid.

Termination administered by Program Provider:

In the event that the termination of a child's admission becomes necessary, a two week termination notification will be given to the child's parent to allow the parent(s)/guardian(s) time to make other arrangements. Parent(s)/guardian(s) will be responsible for any outstanding fees.

A child's admission to the program will be terminated if the following should occur:

- Unresolved delinquency in payment of admission fees
- Consistent late pick-ups or morning drop offs that disrupt program's transportation schedule
- Misconduct which could jeopardize the health, welfare and safety of another child
- Lack of cooperation from child or parent
- Inability of child or parent to adjust to the before and after program

Withdrawal Of Child From Program / Termination Of Contract

Your contract may be terminated upon two (2) weeks written notice by either party. **In that event, no refunds will be given of any prepaid fees. You will be held responsible for payment of two (2) weeks childcare fees, whether or not you give written notice of your intent to withdraw your child/children** from program. Failure to pay any unpaid balances, will result in collection efforts. Fees that remain outstanding after 60 days will be reported to credit bureaus.

INCORPORATION OF PARENT HANDBOOK INTO THIS AGREEMENT: I acknowledge that, in addition to the provisions of this Agreement, I will be provided with a copy of the program's Parent Handbook. I understand and acknowledge that the Parent Handbook and this Agreement represent the entire agreement between SR LFCC. Therefore, I agree to the terms of both this Agreement, the policies therein, and the Parent Handbook.

OWNER'S RIGHTS TO ENFORCE PROVISIONS OF THIS AGREEMENT: I understand and acknowledge that the SR LFCC reserves the right to enforce the provisions of this agreement at will. I further acknowledge that lack of enforcement of any provision of this agreement, at any given time, does not indicate a waiver of that particular provision, nor does it constitute a waiver of any rights or remedies, legal or otherwise. I also acknowledge and understand that in addition to the termination of this agreement, any balance that remains outstanding for more than 60 days can result in collection efforts, including delinquent reports to one or more major credit bureaus.

I/We have read, and do understand and agree to abide by all terms stated in the childcare contract and parent handbook. I/We also understand that the terms and conditions are subject to change. I/We understand that we will be notified of such changes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



9506 Silver Fox Turn
Clinton Maryland 20735
Office: 301 537-0205
Fax: 301 856-3687

MoriEl Randolph: Director

Permission/Release Form

While your child is enrolled in this program, he/she will be involved in a number of activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything which is unclear to you. You, of course, have the option of withdrawing permission at any time.

(Child's Name)

I understand and accept that, Stage Right is a Performing Arts program; therefore my child's name, voice and/or presence may be heard or appear on video, photographs, film and/or various other forms of the media (i.e., newspapers, magazines, television, radio or internet). I also understand that any and all showings of any SR youth participant will consist strictly of life enhancing, moral, family entertainment.

I hereby consent and agree that my child may bring from home (with my knowledge and permission) items that may be used as props for use in Stage Right Productions he/she participates in.

I understand that although Stage Rights is centered around the Performing Arts; the main purpose of the program is to teach and enhance its participants with stronger, or more efficient decision making and character building skills. Therefore, I understand and accept that the Director of the program and its participants will discuss and review materials regarding major age appropriate issues.

I understand, that my child's travel during program hours can included field trips, scavenger hunts, research, and other program related outings.

I DO give my permission for my child to be photographed for use in educational, presentations, non-profit publications intended to further the cause of public education. This permission is applicable for current, as well as, future project use.

I DO NOT give my permission for my child to be photographed for use in educational, presentations, non-profit publications intended to further the cause of public education. This permission is applicable for current, as well as, future project use.

Parent's Signature

Date



9506 Silver Fox Turn
Clinton Maryland 20735
Office: 301 537-0205
Fax: 301 856-3687

MoriEl Randolph: Director

Transportation & Emergency Transportation Permission Form

Transportation

SR will be responsible for transporting its participants from schools listed below. Pick-ups from schools to SR program's location will take place **at normal dismissal times**. If a child is attending a fieldtrip and returns to school **after normal dismissal time, it is the responsibility of the child's parents to arrange transportation** from school to home or to the program. All costs associated with transportation is included in tuition fees.

Eligible Schools

- James Ryder Randall Elementary School
- Brandywine Elementary School
- Francis T Evans Elementary School
- Waldon Woods Elementary School
- Thomas Pullen Creative, and Performing Arts School

Schedule Conflicts will be resolved based on a first enrolled, first served basis.

The parent will need to submit the Transportation Permission Form on or before the first day that the child participates in the program authorizing SR to transport the child to and/or from their school.

Transportation for SR program youth is provided within Art for Growth's 12 passenger van. The van is driven and supervised by qualified staff.

Morning Procedure for Before Youth Program Participants:

1. Parents drop off child to program home location
2. Youth attending Thomas Pullen School of the Arts have the option of morning pick-ups to program site. Pick-ups must take place between 5:30 and 6:30 am. Thomas Pullen youth arrive at SR program location no later than 7:00 am.
3. After breakfast, van leaves SR location for school drop offs at 7:25 am.

Afternoon Procedure for After School Youth Program Participants:

Children arrive at SR program location by one of the following methods:

Transportation (continued)

1. Parent drop off and /or approved and provided transportation made by parent
2. SR program staff via Arts for Growth 12 passenger van.

SR staff is responsible for its program youth any and all times while child is in Program's location, and from the time they board transportation vehicle for drop offs, and/or are picked up from school until they are picked up from our SR program location.

Children are picked up from school by SR during regular school scheduled days, and early release days. Safety of the children is our top priority while they are being transported to our program location.

Each child must follow the following guidelines:

- All children must follow van rules and regulations while being transported to program.
- All children must remain seated and wear seat belts at all times while being transported.
- In the event that a child does not follow the rules, the driver or van attendant will do the following:
 1. Pull over and address the issue with the child
(ex: buckle the child's seat belt again and remind them of the rules).
 2. Alert the director upon return to the program.

The director will then speak to the child and alert the parents at pick up in order to identify ways to resolve the issue.

Disruptive behavior and/or unbuckling seatbelts may forfeit the right to transportation.

If a child is not present for school pick-up

1. The driver will call the school or teacher from the van and ask them if they know the whereabouts of the child.
2. The driver will call the director to make director aware of the situation.

If the school or teacher is unable to locate the child:

3. The director will call the parent.
4. If the child is not located after the above efforts, the driver, and/or van supervisor, and director will assist the parent until child is located.

If the child still cannot be located, the director will recommend that the parent contact authorities. If the parent is not accessible, the director will contact the authorities (i.e., police, Office of Child Care, etc.).

Transportation (continued)

In the event of a transportation breakdown

1. The driver will alert SR director, and stay with children already in van until a substitute vehicle is provided.
2. The director will deploy a substitute vehicle with an authorized letter from the director giving substitute driver and van authority to complete pick-ups and to pick-up any children left with the original van and driver.

Field Trips & Outings

Our SR program consists of various field trips and outings conducive of the life skills training portion of our program. In order for your child to participate, you must agree to and sign a "Field Trip/Outing Permission Form." Parents will receive notice regarding any planned program day Field Trip or Outing, via text, email, and our Parents Corner.

Emergency Transportation

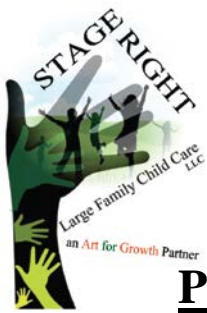
In the event of a serious injury, the parent(s)/guardian(s) or other named emergency contacts will be notified to take the child to a medical facility, if the injury allows. However, we require that you provide your written authorization for emergency transportation, should the need arise. We will not accept children whose parents refuse to grant permission for emergency transportation. If circumstances dictate that we call for an ambulance because the injury requires immediate attention, a staff member will go to the hospital with the child and will take the child's medical history. The parents will be called to meet the child and staff person at the hospital.

The primary doctor indicated on the Medical Information form will be contacted if the child is being transported to the hospital.

- I CONSENT, and AGREE to all of the above Transportation arrangements, and policies.
- I DO NOT CONSENT, nor AGREE to all of the above Transportation arrangements, and policies.
- I will provide all transportation for my child, except when inaccessible for emergencies.

Parent's Signature

Date



Parent Enrollment Forms/Documents Check List

Office of Childcare forms

_____ **Immunization**

_____ **All about form**

_____ **Emergency Form**

_____ **Health Inventory**

_____ **Consumer Education Pamphlet**

_____ **Immunization Records**

Stage Right LFCC Forms & Documents

_____ **Parent Handbook**

_____ **Permission form**

_____ **Contractual Agreement**

_____ **Registration Form**

Comments: _____

