

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
APPLICATION FOR LARGE FAMILY CHILD CARE HOME REGISTRATION

SECTION I

(To Be Completed By Regional Office)

OCC Region#: _____ Jurisdiction: _____ CCATS Provider ID#: _____ Orientation Date: _____

SECTION II

(To Be Completed By Applicant)

Applicant is applying for: (check one)

First Registration

Converting from a Small Center

Applicant is requesting: (Check all that apply)

INFANT (Under 18 months)

TODDLER (18 through 23 months old)

PRESCHOOL (2 through 5 years old)

SCHOOL-AGE (Grades K - Middle School)

ADOLESCENT (Middle/Junior High School) special needs up to age 21

NURSERY SCHOOL INSTRUCTIONAL PROGRAM (request a Nonpublic Nursery School application)

1. Applicant's Name: _____
Last First Middle Maiden

If you have had any other names, please list: _____

Social Security #: _____ Tax ID # (Optional): _____

2. Personal Identifying Data (**NEEDED FOR CLEARANCE**)

(a) Race (check all that apply): American Indian or Alaskan Native Asian Black or African-American
 Native Hawaiian or Pacific Islander White Other (specify): _____

(b) Ethnicity: Hispanic or Latino Non-Hispanic or Latino

(c) Marital Status: Single Married Widowed Separated Divorced

(d) Primary Spoken Language: _____ (e) Date of Birth: _____ (f) Sex: Male Female

(g) E-mail address: _____

3. Applicant's Residence: _____ County: _____

City: _____ State: _____ Zip Code: _____ Apartment #: _____

Development (If applicable): _____ Residence Telephone #: (_____) _____

Status: Homeowner Renter Other Year Property Built _____ Lead Risk Reduction Certificate
 Lead Free Certificate

If OTHER, please explain: _____

4. If currently working, may you receive calls at work? YES NO

If YES, give your work telephone number: _____

SECTION II (continued)

5. Is your residence located in a condominium which requires Homeowner's Association membership?

YES NO

(NOTE: If YES, please be advised that the home will need to be covered by Homeowner's Liability Insurance applicable to child care, pursuant to Maryland law. After you become registered, you will be required to submit documentation of that insurance to the OCC Regional Office.)

Type of Water Supply: Private Public Type of Sewage Disposal: Private Public

6. If you employ one or more individuals, you must submit proof of Workmen's Compensation Insurance.

7. List the names of children (under 18 years of age) living in your residence:

FULL NAME	SS #	BIRTHDATE	RELATIONSHIP	RACE

8. List the full name of all adults (18 years of age or older) living in your residence:

FULL NAME	SS #	BIRTHDATE	RELATIONSHIP	RACE	MARITAL STATUS

Is any adult living in your residence an employee of the Maryland State Department of Education (MSDE)? YES NO

9. Are you a child/adult foster care provider? YES NO

Are you currently applying to become a foster care provider? YES NO

If YES, complete the information below:

AGENCY	CONTACT PERSON	TELEPHONE NUMBER

10. Have you or any other persons living in your residence **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?**

YES NO

If YES, explain: _____

11. Are you or any other persons living your residence **awaiting trial on any criminal charge?**

YES NO

If YES, explain: _____

12. Have you or any other persons living in your residence **ever been reported for child abuse or neglect?**

YES NO

If YES, explain: _____

13. Have you ever been licensed, or have you applied to become licensed, registered or certified to provide child care in **any other county, state, or federal jurisdiction?**

YES NO

If YES, state when and where: _____

14. Have you ever had a license, registration or certification for **any** type of care **denied, suspended or revoked?**

YES NO

If YES, document when, where, and give a brief explanation: _____

SECTION III
(To Be Completed by Applicant)

APPLICANT'S STATEMENT

I understand the regulations can be viewed and printed from the following website:

http://www.marylandpublicschools.org/MSDE/divisions/child_care/regulat

I have read the regulations for Large Family Child Care Home Registration, COMAR 13A.18.01-.16. If I am registered, I agree to abide by those regulations, which include (but are not limited to) the following requirements:

- a. Display the registration certificate in a conspicuous place;
- b. Maintain my assigned capacity;
- c. Assure supervision to the children in care is provided at all times as required by Large Family Child Care Home regulations;
- d. Report to the appropriate authorities all suspected cases of child abuse and neglect;
- e. Report to the Office of Child Care (OCC) all serious injuries and deaths involving children in my care;
- f. Post emergency information;
- g. Cooperate in any investigation regarding my application or registration;
- h. Permit unannounced visits by the OCC;
- i. Maintain all records required by the regulations;
- j. Assure that the Consumer Education Pamphlet is made available to each parent of a child enrolled in my care;
- k. Execute a written agreement with each parent; and
- l. Report to the OCC all changes in operation which might affect the status of the registration.

The OCC distributes a mailing list of Large Family Child Care Home providers that includes provider's name, full address, and telephone number. Under State Government Article § 10-617H(5) (Public Information):
"A custodian who sells lists of licenses shall omit from the lists the name of any licensee, on written request of the licensee."

Please check one of the following:

- Please keep my name on both the referral list and the mailing list.
 Please keep my name on the mailing list, but remove it from the referral list.
 Please keep my name on the referral list, but remove it from the mailing list. *
 Please remove my name from both the referral list and the mailing list. *

***NOTE the following:**

(1) By removing your name from the mailing list, you may lose the opportunity to receive information concerning continued training and other mailings related to child care.

(2) By removing your name from the referral list, you may lose the opportunity to have parents referred to your program by the Office of Child Care and local Child Care Resource and Referral Centers.

I understand that I must submit all documents required by the OCC to the Regional Office before my application can be approved. The information I have given on this entire application form and on all other required application documents is true, correct, and complete to the best of my knowledge.

Signature

Date