

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
PROVIDER INFORMATION AND PLAN OF OPERATION**

For Initial/Resumption of
Service Registration and
Changes **ONLY**

Name of Applicant: _____		
Name of Facility (if different from applicant's name): _____		
Address: _____		
City/Town: _____	Zip Code: _____	Telephone #: _____

1. Days of Operation: Monday – Friday Saturday Sunday

2. Hours of Operation: Days (6am-6pm) Evenings (6pm-12am)
 Overnight (12am-6am) (a separate Overnight Care Plan is required)

3. Food Services: Meals Snacks Meals and Snacks None

4. Local Public Elementary School in your district: _____

5. Outdoor areas on premises or near the home which will be routinely used by children in care.
(Example: back yard and patio, elementary school playground, (specify) local park (specify), etc.)

6. Identify type(s) of pet(s) in the home (i.e., dog, cat, bird, reptiles, etc.) *Rabies documentation is required for all cats and dogs.*

7. a) Identify bodies of water on or near your property (i.e., pools, spas, streams, fish ponds, etc.)

- b) Identify any body of water you plan to use for child care activities.

