

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

**ADDITIONAL ADULT APPLICATION  
FOR APPROVAL OF THREE OR FOUR INFANTS/TODDLERS**

**ATTACH A COPY OF GOVERNMENT ISSUED PHOTO ID TO THIS APPLICATION**

1. Name: \_\_\_\_\_  
Last First Middle Maiden

If you have had any other names, please list them: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Non-Binary Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race (check all that apply): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African  
American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ other (specify): \_\_\_\_\_

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Primary Language Spoken: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

2. I am applying as an Additional Adult for:

Name of Registered Family Child Care Provider: \_\_\_\_\_

Address of Registered Home: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. If currently working, can you receive calls at work? ☐ Yes ☐ No

If Yes, give your work telephone number: \_\_\_\_\_

4. Have you ever been convicted of any criminal charge, or are you awaiting trial on any criminal charge? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Have you ever been reported for child or adult abuse or neglect? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

6. Are you currently or have you ever been licensed, registered, or certified to provide child care in any other county or state? ☐ Yes ☐ No If Yes, give the name of the county and state and dates of license or registration:

7. 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:

**APPLICANT'S STATEMENT**

I understand that I must submit all documents required by the Office of Child Care (OCC) to the OCC Regional Office before my application can be approved.

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

<https://earlychildhood.marylandpublicschools.org/regulations>

I have read the Family Child Care Regulations (COMAR 13A.15.01-.15). If my application to serve as an Additional Adult is approved, I agree to abide by those regulations, which include (but are not limited to) the following requirements.

- a. To cooperate in any investigation regarding my application;
- b. To report all suspected cases of child abuse and neglect to the appropriate authorities;
- c. To maintain records required by the regulations;
- d. To permit unannounced visits by the Office of Child Care;
- e. To supervise all children in care as required by Family Child Care Regulations.

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