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

FACILITY: ________________________________  REGISTRATION #:_________________
The above named facility's family child care registration is due to expire on ________________

Please check your preference below and mail back to:

Licensing Specialist ________________________________  Phone ________________________
Address: ____________________________________________________________________________
Email: ______________________________________________________________________________

☐ I will not continue to provide child care beyond the expiration date of my family child care
registration. I will voluntarily close my family child care home by the above noted expiration date.

Signature ________________________________  Date ______________________

☐ I desire to continue to provide child care beyond the expiration date of my family child care
registration and hereby submit the required documentation for conversion of my current registration to
continuing (non-expiring) status. I agree to abide by the requirements of COMAR 13A.15.01-.15. I
understand that reporting false information may be grounds for denial or revocation of my family child
care registration.

Signature ________________________________  Date ______________________

List all household members on page 2 of this form, and complete the section related to Homeowners’
Liability Insurance Coverage, if applicable.
**HOMEOWNERS’ LIABILITY INSURANCE COVERAGE**

Complete this section only if your family day care home is located in a condominium or other residence that requires homeowners’ association membership (NOTE: the Homeowners' Liability Insurance policy must be applicable to child care):

Name of Insurance Company: ____________________________________________________________

Insurance Policy/Binder Number: _________________________________________________________

Effective Date of Coverage: _________________

Expiration Date: _______________________

---

**CURRENT HOUSEHOLD RESIDENTS**

List all children and adults living in the home:

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>BIRTHDATE</th>
<th>RELATIONSHIP</th>
<th>RACE</th>
<th>MARITAL STATUS</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

OCC 673 - Revised 3/15 - *All previous editions are obsolete.*