

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:

FULL NAME	BIRTHDATE	RELATIONSHIP	RACE	MARITAL STATUS	SOCIAL SECURITY #