

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

FACILITY: _____ **REGISTRATION #:** _____

The above named large family child care home 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 large family child care registration. I will voluntarily close my large 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 large family child care home registration and hereby submit the required documentation for conversion of my current registration to continuing (non-expiring) status. I agree to continue to abide by the requirements of COMAR 13A.18.01-.16. I understand that reporting false information may be grounds for denial or revocation of my family child care registration.

Signature _____ **Date** _____

On the backside of this form, complete the section related to Worker’s Compensation Insurance Information and Homeowners’ Liability Insurance Coverage, if applicable. Also, if any person(s) reside on the facility’s premises, please provide the specified information about those person(s).

WORKERS' COMPENSATION INSURANCE INFORMATION

Pursuant to the Maryland Workers' Compensation Act (Title 9 of the Labor and Employment Article, Annotated Code of Maryland), the applicant must have worker's compensation insurance coverage if the facility has one or more employees. Please provide the following information about that coverage:

Name of Insurance Company: _____

Insurance Policy/Binder Number: _____

Effective Date of Coverage: _____ Expiration Date: _____

HOMEOWNERS' LIABILITY INSURANCE COVERAGE

Complete this section only if your large family child 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 the children and adults living at the home.

| FULL NAME | BIRTHDATE | RELATIONSHIP | RACE | MARITAL STATUS | SOCIAL SECURITY # |
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