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

FACILITY: ___________________________ REGISTRATION #: __________________

The above-named facility's large family child care registration is due to expire on _____________

Please check your preference below and return to:

Licensing Specialist ___________________________ Phone __________________________
Address: ___________________________________________________________________________
Email: ______________________________________________________________________________

☐ 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 large family child care home registration.

Signature ___________________________________________ Date _________________________

☐ I will not continue to provide child care beyond the expiration date of my large family child care
home registration. I will voluntarily close my large family child care home by the above-noted expiration
date and will return my certificate of registration to the Office of Child Care.

Signature ___________________________________________ Date _________________________