

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: _____

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

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

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