

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 return to:

Licensing Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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 \_\_\_\_\_

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 and will return my certificate of registration to the Office of Child Care.

Signature \_\_\_\_\_ Date \_\_\_\_\_