

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care  
**APPLICATION FOR FAMILY CHILD CARE REGISTRATION**

**SECTION I**

(To Be Completed By Regional Office)

OCC Region#: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ CCATS Provider ID#: \_\_\_\_\_ 1<sup>st</sup> Orientation Date: \_\_\_\_\_

**SECTION II**

(To Be Completed By Applicant)

Applicant is applying for: (check one)

**First Registration**

**Co-Provider:**

**Provider's Name:** \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_  
Last First Middle Maiden

If you have had any other names, please list: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tax ID # (If applicable): \_\_\_\_\_

2. Personal Identifying Data (**NEEDED FOR CLEARANCE**)

(a) 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

(b) Marital Status:  Single  Married  Widowed  Separated  Divorced

(c) Primary Spoken Language: \_\_\_\_\_ (d) Date of Birth: \_\_\_\_\_ (e) Sex:  Male  Female

(f) E-mail address: \_\_\_\_\_

3. Applicant's Residence: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Development (If applicable): \_\_\_\_\_ Residence Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address(If different from above): \_\_\_\_\_

4. If currently working, can you receive calls at work?  YES  NO

If YES, give your work telephone number: \_\_\_\_\_

5. If the address of the child care home is different than the address given above, please complete the following:

Child Care Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Development (If applicable): \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Who owns the home where the child care is to be given?  Self  Landlord  Other

If OTHER, please explain: \_\_\_\_\_

**SECTION II (Continued)**

6. Will the child care home be located in a condominium or residence which requires Homeowner's Association membership?

YES       NO

**(NOTE: If YES, please be advised that the home will need to be covered by Homeowner's Liability Insurance applicable to day care, pursuant to Maryland law. After you become registered, you will be required to submit documentation of that insurance to the OCC Regional Office.)**

Type of Water Supply:     Private       Public                      Type of Sewage Disposal:     Private       Public

7. List the names of children (under 18 years of age) living in the home where child care is to be given:

FULL NAME	SS #	BIRTHDATE	RELATIONSHIP	RACE

8. List the full name of all adults (18 years of age or older) living in the home where child care is to be given:

FULL NAME	SS #	BIRTHDATE	RELATIONSHIP	RACE	MARITAL STATUS

Is any adult living in the home an employee of the Maryland State Department of Education (MSDE)?     YES       NO

9. Are you a child/adult foster care provider?                       YES       NO

Are you currently applying to become a foster care provider?     YES       NO                      *If YES, complete the information below:*

AGENCY	CONTACT PERSON	TELEPHONE NUMBER

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**SECTION II (Continued)**  
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10. Have you or any other persons living in the family child care home **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?**       YES       NO

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you or any other persons living in the family child care home **awaiting trial on any criminal charge?**       YES       NO

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you or any other persons living in the family child care home **ever been reported for child or adult abuse or neglect?**       YES       NO

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been licensed, or have you applied to become licensed, registered or certified to provide child care in **any other county, state, or federal jurisdiction?**       YES       NO      If YES, state when and where: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION III**  
**(To Be Completed by Applicant)**  
**APPLICANT'S STATEMENT**  
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**I understand the regulations can be viewed and printed from the following website:**

[http://www.marylandpublicschools.org/MSDE/divisions/child\\_care/licensing\\_branch/regulat](http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/regulat)

**I have read the regulations for family child care registration, COMAR 13A.15.01-.15. If I am registered, I agree to abide by those regulations, which include (but are not limited to) the following requirements:**

- a. Display the registration certificate in a conspicuous place;
- b. Maintain my assigned capacity;
- c. Provide supervision to the children in care at all times as required by family child care regulations;
- d. Report to the appropriate authorities all suspected cases of child abuse and neglect;
- e. Report to the Office of Child Care (OCC) all serious injuries and deaths involving children in my care;
- f. Post emergency information;
- g. Cooperate in any investigation regarding my application or registration;
- h. Permit unannounced visits by the OCC;
- i. Maintain all records required by the regulations;
- j. Give the Consumer Education Pamphlet to each parent of a child enrolled in my care;
- k. Execute a written agreement with each parent; and
- l. Report to the OCC all changes which might affect the status of the registration.

**The OCC distributes a mailing list of family child care providers that includes provider's name, full address, and telephone number. Under State Government Article § 10-617H(5) (Public Information):**

**"A custodian who sells lists of licenses shall omit from the lists the name of any licensee, on written request of the licensee."**

**Please check one of the following:**

- Please keep my name on both the referral list and the mailing list.
- Please keep my name on the mailing list, but remove it from the referral list.
- Please keep my name on the referral list, but remove it from the mailing list. \*
- Please remove my name from both the referral list and the mailing list. \*

**\*NOTE the following:**

*(1) By removing your name from the mailing list, you may lose the opportunity to receive information concerning continued training and other mailings related to child care.*

*(2) By removing your name from the referral list, you may lose the opportunity to have parents referred to your program by the Office of Child Care and local Child Care Resource and Referral Centers.*

**I understand that I must submit all documents required by the OCC to the Regional Office before my application can be approved. 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