Children's Center of North Harford

707/708 Highland Road, Street MD 21154

410-836-0444 ccnhdirector@gmail.com

Hello, families!

It is enrollment time here at the Children's Center, and we couldn't be more excited to start building our classes for this coming fall.

Attached to this letter is everything families need to enroll for the upcoming school year.

Please review each enrollment document and ensure all documents are fully completed and signed (as required).

The registration contract and tuition contract are due back at the office to secure enrollment. Please ensure that all required information is filled in and signed. **Registration fees of $125 are due at enrollment and are non-refundable.**

The student's emergency card must include all required information and list at least one emergency contact with the necessary contact information. Guardians are not required to fill out the back page of this form. If any information is provided on the back, a healthcare provider must sign and certify this form.

All students will be required to complete medical documents for the coming fall. Please ensure these documents are completed and signed by both the guardian and medical personnel, as needed.

Part 1 of the health inventory must be completed and signed by the student's guardian.

Part 2 of the health inventory must be completed and signed by the student's doctor.

The Lead Testing certificate must be fully completed and signed by the student's guardian and doctor. Healthcare providers can also give families a copy of the student's ImmuNet blood test results as an alternative to completing the form.

Guardians can have providers complete the "Maryland Department of Health immunization certificate," or they can provide a separate immunization report from the provider. If guardians choose to submit a separate report, the provider must sign and stamp the immunization certificate certifying the immunizations.

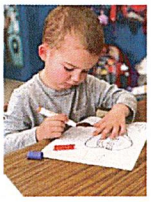
The Family Handbook Sign-off requires both the initial and the guardian's signature.

The KI Potassium Permission and Photo Permission forms also require a guardian's signature.

All medical documentation and school sign-offs in this packet must be returned to CCNH by July 27, 2026. Please let us know if you have any questions

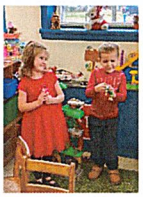
Bobbie Pedraza

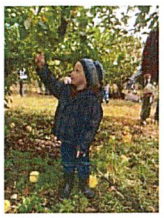
School Director



Children's Center of North Harford

Growing small hearts and minds since 1971!





Welcome to the Children's Center of North Harford! Please check out the information below to get to know our program! Please let us know if you have any questions!

## Classroom Information

**Classroom Calendar**: Every week, each classroom will distribute curriculum information with an overview of lessons and activities per month. This will be a helpful guide for you to have so that you can expand on the skills with your child at home! It will also help to prepare you for what your child will be doing in the future. Please use the calendar to converse with your child about their day and what to look forward to. This is so beneficial to helping your child learn and reinforce the skills they are developing while at school.

**School Newsletter:** CCNH distributes its newsletter and updated monthly calendar each month. Closures and special dates will also be communicated here. Please make sure to check it out!

**Parties & Special Occasions:** Parent volunteers are needed and appreciated for our yearly celebrations. Responsibilities when volunteering include: planning a fun activity and game and creating a sign-up sheet for donations from other families.

**Conferences:** Conferences are held in the Fall and Spring of each year. Scheduling information will be sent home closer to conference time.

**Snacks:** Parents are asked to pack their children a small snack to enjoy mid-morning with their classmates. Extra's will be kept at school in case one is forgotten. Please label the snack with the child's full name and date.

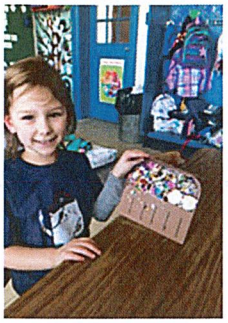
**Lunch:** Full-day students are asked to bring a lunch to school. Each classroom has a refrigerator and microwave to prepare food.

**Classroom Pets:** Pets are an integral part of the program at CCNH. The children take great pride in their pets and actively participate in their care. Studies show that having a pet in the classroom can help to teach students empathy, respect, and responsibility for living things and boost leadership skills.

**Rest Time:** Each child enrolled in our full-day program will participate in a rest period. Each child will receive a cot to use for the school year. We ask that parents provide their child with a fitted sheet and a small blanket. These materials will be kept at school for the week and sent home to be laundered on the child's last day of attendance.

**Drop off & pick up:** Each child is signed in/out from the classrooms each day by their child's teacher. Please notify the school or your child's teacher if they will be absent.

**What to Bring:** We ask that each child bring a book bag to transport materials to and from school. Please pack a seasonally appropriate change of clothes as sometimes preschool can be messy. Please also provide diapering materials if your child is not potty trained. Parents may also provide a water bottle for their child, which will be refilled as needed whilst at school. We ask that all materials be labeled with the child's full name.



# The Children's Center of North Harford

## Educational Program & School Philosophy

The Children's Center of North Harford utilizes a combination of Frogstreet preschool curriculums as well as our own developmentally appropriate educational program to teach our students about the world around them.

1. **Purpose of the CCNH educational program**
    a. To educate the whole child in various developmentally appropriate ways and be sensitive to the individual child's characteristics.
    b. To provide and promote an educational program that ensures the whole child's development and establishes a strong foundation for all future learning.
2. **Educational Program Goals**
    a. To help the children acquire a positive self-image and a strong love of learning
    b. To encourage the children's independence and decision-making skills.
    c. To promote a child's competency as a thinker and communicator.
    d. To nurture and promote each child's uniqueness as an individual.
    e. To provide each child with a strong foundation of support to enable a positive educational experience.
3. **Developmentally Appropriate Curriculum**
    a. Definition of developmental appropriateness: "Developmentally appropriate practice (DAP) is an approach to teaching grounded in the research on how young children develop and learn. Its framework is designed to promote young children's optimal learning and development. (www.naeyc.org)
    b. CCNH recognizes that children learn the most through play experiences, both planned and self-occurring.
    c. CCNH recognizes that brain development is non-linear, and repetition strengthens a child's ability to retain information and learn new skills.
    d. CCNH recognizes that a child's learning is most meaningful when concrete, active, and experimental.
    e. CCNH recognizes that a child's learning is most relevant when it stems from the child's own interests and relates to their own life experiences.
    f. The Maryland State Department of Education approves our educational program. It is based upon a child-centered philosophy and includes the following areas of study:
        i. Art & Music
        ii. Physical Development
        iii. Language & Literacy
        iv. Social/Emotional Development (Social Studies)

v. Math & Science

**g. Developmental Domains for Learning & Purposeful Activities**

i. Activities and experiences are purposefully planned and are attached to a developmental goal that furthers each child's development.

ii. Activities are intentionally executed and are adaptable for all students to be successful.

iii. Monthly themes and concepts are used to connect lessons with real-life experiences.

iv. Weekly STEAM projects offer observation, investigation, and problem-solving opportunities and develop beginning coding skills using Frog-E, the programmable floor robot.

v. Read alouds with informational text and literature selections, offer vocabulary development, higher-order thinking, questioning strategies and interactive instruction.

| Developmental Domains | Examples of Skills Associated with Each Domain |
|---|---|
| | |
| **Social/Emotional** | Regulating emotions and behaviors, establishing and sustaining positive relationships, participating cooperatively and constructively in group situations and self-care skills |
| **Language/Literacy** | Listening and understanding different levels of language, using language to express thoughts and needs, using appropriate conversational and other communication skills, demonstrating phonological awareness, demonstrating knowledge of the alphabet, knowledge of print and its uses, comprehension, and responsiveness to books and other texts and emergent writing skills |
| **Physical** | Demonstration of traveling and balancing skills, gross-motor manipulative skills, and fine-motor strength and coordination |
| **Cognitive** | Demonstration of positive approaches to learning, remembering, and connecting life experiences, classification skills and the usage of symbols and images to represent something not present, number and shape recognition, counting, classification and comparison of objects, and exploring new materials |

**4. Classroom Schedules**

a. Each classroom has a daily schedule that offers routine and structure to the children's day.

b. Consistent routines and structures aid in the development of healthy coping skills and emotion regulation.

c. Classroom schedules offer a balance of both small and large group activities.

**5. Conscious Discipline**

a. Conscious discipline is a classroom management and social-emotional program that creates a learning environment where children feel safe and loved.
b. Conscious discipline works to build a foundation of trust and caring and helps children to develop an understanding of how to manage emotions and interact appropriately with their peers. The program helps students to develop self-regulation skills to better interact with others around them

6. **Roles of Teacher in Learning**
    a. The teacher holds the role of facilitator in a developmentally appropriate environment.
    b. Teachers recognize that each child is an individual who comes to school with his/her own personality, interests, needs, maturity, abilities, background of knowledge, and modes of learning.
    c. Teachers structure the classroom environment so that the children have various learning avenues.
    d. Teachers establish a predictable, stable, and nurturing environment that ensures that each child feels valued, safe, and secure.
    e. Teachers use observations of the children to plan for future activities and experiences.
    f. Teachers mediate the children's learning through the provision of guided activities and facilitate the children's learning by arranging the environment for self-directed play.
    g. Teachers use a variety of strategies to encourage and support the children as they work alone and in groups to make their own discoveries, take risks, and learn through trial and error.
7. **Parent Roles**
    a. Parents recognize that a cooperative partnership between the home and school must exist for their child's school experience to be most effective.
    b. Parents can participate in their child's educational experience at CCNH in various capacities that fit each family's personal availability.
8. **Results of a Positive Teacher and Parent Partnership**
    a. The children's self-esteem is enhanced when parents participate in their child's school experience.
    b. Communication is engaging and regularly occurring, providing a seamless transition from home to school.

We are excited to welcome you and your child to the Children's Center of North Harford preschool program. Please reach out if you have any questions!

*Play is the highest form of research-Albert Einstein*

# 2026-2027 Registration Contract

CHILDREN'S CENTER OF NORTH HARFORD
707-708 Highland Road, Street, Maryland 21154
410-836-0444
e-mail: ccnhdirector@gmail.com & ccnh707@zoominternet.net

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Child's Name: _____ Nickname: _____

Birthdate: _____

Guardian Names: _____

Home Address: _____

E-mail Address: _____

Phone Number: _____

## I. *REGISTRATION POLICY*

A. For both new students and returning students, a non-refundable registration Fee of $125.00 is payable before admission at the time of registration and submission of the completed registration contract.
B. Students who enroll once the school year has started must pay the non-refundable registration fee of $125 and the whole month's current tuition regardless of their start date within that month.

## *II. ATTENDANCE POLICY*

A. All children, regardless of religion, race, sex, or national origin, are eligible for admission to CCNH.
B. Pupils are enrolled for the entire school year program (typically August – June).
C. No tuition deductions can be made for either occasional or prolonged absences.
D. Any absence due to illness for five (5) or more consecutive days will require a written statement from the child's physician regarding freedom from infection and eligibility for re-admission to the school.
E. A 2026-2027 tentative school calendar is attached to these documents. A signature on the registration contract is a confirmation that you have received the calendar and have had the opportunity to ask questions.
F. Withdrawal: All families are expected to fulfill the entire year's tuition obligation by paying the total amount in full or by completing each of the nine installment payments. In cases of early withdrawal from CCNH's program, parents are responsible for the entire installment payment for the child's last month of attendance, regardless of the actual number of days that the child attends. For example, if the child is withdrawn on April 4th or April 28th, parents are responsible for the full amount of the installment payment. Any parent choosing to withdrawal their child must provide CCNH with 30 days written notice before the child's last day.

**(TURN OVER)**

## III. *TUITION PAYMENT SCHEDULE*

A. Tuition is due in advance by the 5th day of each month.
B. If the school does not receive tuition by the 5th day, a late charge of $25.00 will be assessed. The late fee will accrue monthly until tuition payments are current.
C. The late charge assessment can be avoided by contacting the office manager before the last day of the month.
D. CCNH reserves the right to suspend or disenroll a child from care when the tuition account becomes 30 days or more past due.

Any account past due on **April 1st** of that year will be suspended or disenrolled immediately until full payment is made.

## *IV. MEDICAL POLICY*

A. The Maryland State Department of Health and DHR (Department of Human Resources) provides forms for each newly enrolled child.
B. Forms are to be COMPLETED and RETURNED to the center **30 days before** the child's admission to the school.
C. Failure to complete and return immunization/medical forms within 30 days before admission may result in the child's withdrawal from enrollment at the center.
D. The Children's Center may also have animals, including rabbits and guinea pigs, in the classrooms.

## *V. CONTRACT SIGN OFF*

_____ (initial) I have received and reviewed a copy of the CCNH Parent Handbook and agree to all of the policies stated and procedures listed.

_____ (initial) I understand and agree to the policies as stated above in my tuition contract.

I understand that I am enrolling my child in the following class session:

_____

and that the tuition payment per installment is *$_____ monthly or $_____ yearly.*

PARENT SIGNATURE: _____ DATE_____

CHILDREN'S CENTER OF NORTH HARFORD
2026-2027 School Year
707-708 Highland Road, Street, Md. 21154
410-836-0444
e-mail: ccnhdirector@gmail.com

Class: _____

Monthly Tuition: _____

Direct Deposit: _____

## *Tuition Payment Contract*

Child's Full Name: _____ Child Birthdate: _____

Guardians Names: _____

Address: _____
street/road city/town state zip code

E-MAIL ADDRESS: _____ PHONE NUMBER: _____

**STAFF USE ONLY:**

| MONTH | DATE | AMOUNT | CHECK # | Approval # |
|---|---|---|---|---|
| COMMENT | | | | |
| **REGISTRATION FEE** | | $125.00 | | |
| *** Due at registration** | | | | |
| **Payment # 1 September** | | | | |
| **Payment # 2 October** | | | | |
| **Payment # 3 November** | | | | |
| **Payment # 4 December** | | | | |
| **Payment # 5 January** | | | | |
| **Payment # 6 February** | | | | |
| **Payment # 7 March** | | | | |
| **Payment # 8 April** | | | | |
| **Payment # 9 May (FINAL)** | | | | |

*** I have read the above Tuition Payment Contract and agree to pay $_____on the first day of the months listed above, or I will be assessed a $25.00 late fee.**

**SIGNATURE: _____ DATE: _____**

707-708 Highland Road
Street, Maryland 21154
Email: ccnhdirector@gmail.com
410-836-0444 phone
410-452-5348 fax

# CCNH-Pricing 2026-2027

Non-Refundable Registration Fee $125

| | |
|---|---|
| Tues/Thur (AM 9:00-12:00) | $2304 (9 payments $256) fee for 3's & 4's |
| Tues/Thur (AM 9:00-12:00) | $2412 (9 payments $268) fee for 2-year-old |
| Tues/Thur (Full Day 9:00-3:30) | $ 4608 (9 payments $512) fee for 3's & 4's |
| Tues/Thur (Full Day 9:00-3:30) | $4824 (9 payments $536) fee for 2-year-old |
| Mon/Wed/Fri (AM 9:00-12:00) | $3375 (9 payments $375) fee for 3's & 4's |
| Mon/Wed/Fri (AM 9:00-12:00) | $3582 (9 payments $398) fee for 2-year-old |
| Mon/Wed/Fri (Full Day 9:00-3:30) | $6750 (9 payments $750) fee for 3's & 4's |
| Mon/Wed/Fri (Full Day 9:00-3:30) | $6966 (9 payments $774) fee for 2-year-old |
| Mon through Fri (AM 9:00-12:00) | $4896 (9 payments $544) fee for 3's & 4's |
| Mon through Fri (AM 9:00-12:00) | $5247 (9 payments $583) fee for 2-year-old |
| Mon through Fri (Full 9:00-3:30) | $9954 (9 payments $1106) fee for 3's & 4's |
| Mon through Fri (Full 9:00-3:30) | $10548 (9 payments $1172) fee for 2-year-old |

# Children's Center of North Harford

## 2026/2027 Tentative Calendar of Events

### August

**Aug 21st-** Back to School Night 3-5 pm

**Aug 24th through Aug 28th** – CCNH Closed

**Aug 31st -** First Day of MWF Classes

### September

**Sept 1st -** First Day of Tu Th Classes

**Sept 7th -** CCNH Closed for Labor Day

**Fall Fundraiser**

### October

**Oct 29th & 30th -** Halloween Celebrations (Trick or Treating 11-12)

**Maize Quest Field Trip (Families meet at the park, no classes either am or pm) (Date to be determined)**

**Picture Day**

### November

**Nov 2nd & Nov 3rd -** School Conferences (No Preschool) **(11/2 Teacher Inservice 1-3 pm)**

**Nov 5th & 6th-**Pizza and Pajama Days (Half-day students dismiss at 12:30 pm/ Full-day students normal time)

**Nov 11th-** CCNH Closed for Veterans Day

**Nov 24th & 25th -** Thanksgiving Celebrations

**Nov 26th & 27th -** CCNH Closed for Thanksgiving

### December

**Dec 1st through Dec 11th -** Adopt a Family Campaign & Letters to Santa

**Dec 11th** – CCNH Closes @ 12, Holiday concert in the afternoon

**Dec 16th & 17th -** Santa's Workshop

**Dec 21st -** Holiday Celebrations

**Dec 22nd -** Holiday Celebrations **(1/2 DAY EARLY DISMISSAL ALL STUDENTS 12:00 PM)**

**Dec 23rd through Jan 1st-** CCNH CLOSED for winter break

*Parents will receive an updated monthly calendar with added events at the beginning of each month.

## January

**Jan 4th** - CCNH RE-OPENS

**Jan 18th** – CCNH CLOSED MLK Day (**Staff Inservice)**

**Jan 21st & 22nd** - PJ's & Pancakes Days!

**Jan 25th through 29th-** National School Choice Week

## February

**Feb 8th** – Open Enrollment begins

**Feb 4th & 5th** – 100 Days of School Celebration

**Feb 11th & 12th** - Valentine's Day Celebrations

**Feb 15th** - CCNH CLOSED Presidents Day

**Spring Fundraiser**

## March

**March 16th & 17th** – St. Patrick's Trickery Days

**March 18th & March 19th** – Easter Celebrations (Egg Hunts)

**March 22nd & 23rd** – School Conferences (No Preschool) (March 22nd Teacher Inservice 1-3)

**March 24th through 29th** – Easter Break

## April

**Picture day**

## May

**May 3rd through May 7th** – Teacher Appreciation Week

**May 10th & 11th-** Muffins with Mom @ drop off

**May 27th & May 28th** – CCNH Closed (**Snow Make-Up Days)**

**May 31st** - CCNH Closed for Memorial Day

## June

**June 1st & 2nd** - Donuts with Dad @ drop off

**June 8th**-Last Day of Tu Th Preschool (End of Year Celebrations)

**June 9th**-Last Day of MWF Preschool (End of Year Celebrations) CCNH Closes at 12, 4's Graduation 2 PM

**June 10th & 11th** – Teacher Inservice (**Snow Make-Up days)**

*Parents will receive an updated monthly calendar with added events at the beginning of each month.

## Family Handbook Sign-Off

We are excited to welcome you and your family to the Children's Center of North Harford. Please review and initial the following statements below and return this signed form to the school director. This form must be returned to school prior to the child's first day of class.

**Please initial the following statements:**

_____ I have read and understand the CCNH Family Handbook in its entirety and agree to follow the outlined information and protocols discussed.

_____ I understand that all registration materials and completed forms must be returned to the school director prior to the start of class.

_____ I have read and understand CCNH's screen time policy.

_____ I have read and understand CCNH's emergency preparedness plan, positive guidance policy, and adult altercation policy.

_____ I have read and understand CCNH's inclement weather policy.

_____ I have read and agree to follow CCNH's COVID guidelines.

_____ I have received a copy of the Maryland State Department of Education's consumer education brochure, the "Guide to Regulated Childcare."

Guardian Signature: _____

Date: _____

## For questions, concerns or to file a complaint contact your Regional Office

| Regional Offices | Phone |
|---|---|
| Anne Arundel | 410-573-9522 |
| Baltimore City | 667-354-5178 |
| Baltimore County | 410-583-6200 |
| Prince George's | 301-333-6940 |
| Montgomery | 240-314-1400 |
| Howard | 410-750-8771 |
| Western Maryland, Allegany, Garrett & Washington | 301-791-4585 |
| Upper Shore, Kent, Dorchester, Talbot, Queen Anne's & Caroline | 410-819-5801 |
| Lower Shore, Wicomico, Somerset & Worchester | 410-713-3430 |
| Southern Maryland, Calvert, Charles & St. Mary's | 301-475-3770 |
| Harford & Cecil | 410-569-2879 |
| Frederick | 301-696-9766 |
| Carroll | 410-549-6489 |

The Regional Offices investigate complaints to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at CheckCCMD.org.

For additional help, you may contact the Licensing Branch Chief at 410-767-0120.

## Resources

**Child Care Scholarship (CCS)** - Assists eligible parents and families with child care expenses
**1-877-227-0125** **money4childcare.com**

**Maryland EXCELS** - Maryland's Quality Rating System for child care programs
**marylandexcels.org**

**Maryland Developmental Disabilities Council** - Assistance with ADA issues
**md-council.org**

**Maryland Infants and Toddlers Program** - Early intervention services for young children with developmental delays and disabilities and their families
**referral.mditp.org**

**Maryland Family Network** - Assists parents in locating child care
**1-877-261-0060** **marylandfamilynetwork.org**

**Maryland Child** - Information about child development, parenting, community resources, mental health, nutrition, literacy, and more.
**Marylandchild.org**

Maryland State Department of Education
Division of Early Childhood
200 West Baltimore Street
10th Floor
Baltimore, MD 21201
earlychildhood.marylandpublicschools.org

**Wes Moore**, Governor

**Mohammed Choudhury**,
State Superintendent of Schools

OCC 1524 ( updated June 2023)

# Parent's Guide to Regulated/ Licensed Child Care

## Information About Child Care Facilities

MARYLAND STATE DEPARTMENT OF EDUCATION
EQUITY AND EXCELLENCE

## Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education, Office of Child Care's (OCC), Licensing Branch.

The Licensing Branch's thirteen Regional Offices are responsible for all regulatory activities, including:

- Issuing child care licenses and registrations to child care facilities that meet state standards;
- Inspecting child care facilities annually;
- Providing technical assistance to child care providers;
- Investigating complaints against regulated child care facilities;
- Investigating reports of unlicensed (illegal) child care;
- Taking enforcement action when necessary; and
- Partnering with community organizations and consumers to keep all children in care safe and healthy.

Regulations governing the Maryland State Department of Education (MSDE) fall under COMAR Title 13A. Regulations that govern child care facilities and other information about the Office of Child Care may be found at:

earlychildhood.marylandpublicschools.org/child-care-providers/licensing

## What are the types of Child Care Facilities?

**Family Child Care** – care in a provider's home for up to eight (8) children with no more than two under the age of two.

**Large Family Child Care** – care in a provider's home for 9-12 children.

**Child Care Center** – non-parental care in a group setting for part of a 24 hour day.

**Letter of Compliance (LOC)** – care in a child care center operated by a religious organization for children who attend their school.

**All facilities must meet the following requirements:**

- Must obtain the approval of OCC, fire department, and local agencies;
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearances, and are not on the sex offender registry;
- Must maintain certification in First Aid and CPR;
- Must maintain approved staff and student ratio and provide ACTIVE supervision all times when children are in care;
- Must offer a daily program of indoor and outdoor activities;
- Must maintain a file with all required documentation for each enrolled child;
- Must post approved evacuation plans, conduct fire drills, and emergency preparedness drills; and
- Must report suspected abuse and neglect, and may not subject children to abuse, neglect, mental injury, or injurious treatment.

## Did You Know?

- The provider's license or registration must be posted in a conspicuous place in the facility;
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care;
- Parents/guardians may visit the facility without prior notification any time their children are present;
- Written permission from parents/guardians is required for children to participate in any and all off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A qualified teacher must be assigned to each group of children in a child care center;
- Staff:child ratios must be maintained at all times child care centers;
- Parents/guardian must be immediately notified i children are injured or have an accident in care;
- Parents/guardians may review the public portior of a licensing file; and
- Check Child Care Maryland, CheckCCMD.org, is resource for parents and families to use to revie child care provider's license status, verified complaints, compliance history, and inspection results.

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

**CACFP Enrollment: Yes:___ No:____**

*Meals your child will receive while in care:*

*BK___ LN___ SU___ AM Snk___ PM Snk___ Evng Snk___*

# EMERGENCY FORM

**INSTRUCTIONS TO PARENTS:**

(1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.

(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City State Zip Code

| Parent/Guardian Name(s) | Relationship | Contact Information | | |
|---|---|---|---|---|
| | | Email: | C:<br>H: | W:<br>Employer: |
| | | Email: | C:<br>H: | W:<br>Employer: |

Name of Person Authorized to Pick up Child *(daily)* _____
Last First Relationship to Child

Address _____
Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

_____

**ANNUAL UPDATES** _____ _____ _____ _____
*(Initials/Date)* *(Initials/Date)* *(Initials/Date)* *(Initials/Date)*

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____



OCC 1214 (Revised 01/2022) - All *previous editions are obsolete.*

**INSTRUCTIONS TO PARENT/GUARDIAN:**

(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

(2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

_____

Medications currently being taken by your child: _____

_____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

_____

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: _____

_____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

_____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

_____

_____

_____

COMMENTS: _____

_____

_____

_____

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

_____ _____

Name of Health Practitioner Date

_____ (____) _____

Signature of Health Practitioner Telephone Number



OCC 1214 (Revised 01/2022) - All *previous editions are obsolete.*

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

# HEALTH INVENTORY

**Information and Instructions for Parents/Guardians**

## REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered, or approved child care or nursery school:

- **A physical examination** by a health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- **Evidence of immunizations**. The immunization certification form (MDH 896) or a printed or a computer-generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 896.
- **Evidence of Blood-Lead Testing for children younger than 6 years old**. The blood-lead testing certificate (MDH 4620) or another written document signed by a Health Care Practitioner shall be used to meet this requirement. This form can be found at:https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 4620.
- **Medication Administration Authorization Forms**. If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

## EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the parent has an objection based on their bona fide religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner, or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care providers or child care personnel who have a legitimate care responsibility for the child.

## INSTRUCTIONS

Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form.

If the child does not have health care insurance or access to a health care provider, or if the child requires an individualized health care plan or immunizations, contact the local Health Department. Information on how to contact the local Health Department can be found here: https://health.maryland.gov/Pages/Home.aspx#

The Child Care Scholarship (CCS) Program provides financial assistance with child care costs to eligible working families in Maryland. Information on how to apply for the Child Care Scholarship Program can be found here: https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program

## PART I - HEALTH ASSESSMENT
### To be completed by parent or guardian

**Child's Name:** _____ **Birth date:** _____ **Sex** M☐F☐
Last First Middle Mo / Day / Yr

**Address:** _____
Number Street Apt# City State Zip

| Parent/Guardian Name(s) | Relationship | Phone Number(s) | | |
|---|---|---|---|---|
| | | W: | C: | H: |
| | | W: | C: | H: |

| Medical Care Provider | Health Care Specialist | Dental Care Provider | Health Insurance | Last Time Child Seen for |
|---|---|---|---|---|
| Name: | Name: | Name: | ☐ Yes ☐ No | Physical Exam: |
| Address: | Address: | Address: | Child Care Scholarship | Dental Care: |
| Phone: | Phone: | Phone: | ☐ Yes ☐ No | Specialist: |

**ASSESSMENT OF CHILD'S HEALTH -** To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.

| | Yes | No | Comments (required for any Yes answer) |
|---|---|---|---|
| Allergies | ☐ | ☐ | |
| Asthma or Breathing | ☐ | ☐ | |
| ADHD | ☐ | ☐ | |
| Autism Spectrum Disorder | ☐ | ☐ | |
| Behavioral or Emotional | ☐ | ☐ | |
| Birth Defect(s) | ☐ | ☐ | |
| Bladder | ☐ | ☐ | |
| Bleeding | ☐ | ☐ | |
| Bowels | ☐ | ☐ | |
| Cerebral Palsy | ☐ | ☐ | |
| Communication | ☐ | ☐ | |
| Developmental Delay | ☐ | ☐ | |
| Diabetes Mellitus | ☐ | ☐ | |
| Ears or Deafness | ☐ | ☐ | |
| Eyes | ☐ | ☐ | |
| Feeding/Special Dietary Needs | ☐ | ☐ | |
| Head Injury | ☐ | ☐ | |
| Heart | ☐ | ☐ | |
| Hospitalization (When, Where, Why) | ☐ | ☐ | |
| Lead Poisoning/Exposure | ☐ | ☐ | |
| Life Threatening/Anaphylactic Reactions | ☐ | ☐ | |
| Limits on Physical Activity | ☐ | ☐ | |
| Meningitis | ☐ | ☐ | |
| Mobility-Assistive Devices if any | ☐ | ☐ | |
| Prematurity | ☐ | ☐ | |
| Seizures | ☐ | ☐ | |
| Sensory Impairment | ☐ | ☐ | |
| Sickle Cell Disease | ☐ | ☐ | |
| Speech/Language | ☐ | ☐ | |
| Surgery | ☐ | ☐ | |
| Vision | ☐ | ☐ | |
| Other | ☐ | ☐ | |

**Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?**

☐ No ☐ Yes, If yes, attach the appropriate OCC 1216 form.

**Does your child receive any special treatments?** (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) ☐ No ☐ Yes If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan

**Does your child require any special procedures?** (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.)

☐ No ☐ Yes, If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.

**I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

_____
Printed Name and Signature of Parent/Guardian Date

# PART II - CHILD HEALTH ASSESSMENT
## To be completed *ONLY* by Health Care Provider

| Child's Name: Last First Middle | Birth Date: Month / Day / Year | Sex M ☐ F ☐ |
|---|---|---|

1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition?
☐ No ☐ Yes, describe:

2. Does the child receive care from a Health Care Specialist/Consultant?
☐ No ☐ Yes, describe

3. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.
☐ No ☐ Yes, describe:

4. Health Assessment Findings

| Physical Exam | WNL | ABNL | Not Evaluated | Health Area of Concern | NO | YES | DESCRIBE |
|---|---|---|---|---|---|---|---|
| Head | ☐ | ☐ | ☐ | Allergies | ☐ | ☐ | |
| Eyes | ☐ | ☐ | ☐ | Asthma | ☐ | ☐ | |
| Ears/Nose/Throat | ☐ | ☐ | ☐ | Attention Deficit/Hyperactivity | ☐ | ☐ | |
| Dental/Mouth | ☐ | ☐ | ☐ | Autism Spectrum Disorder | ☐ | ☐ | |
| Respiratory | ☐ | ☐ | ☐ | Bleeding Disorder | ☐ | ☐ | |
| Cardiac | ☐ | ☐ | ☐ | Diabetes Mellitus | ☐ | ☐ | |
| Gastrointestinal | ☐ | ☐ | ☐ | Eczema/Skin issues | ☐ | ☐ | |
| Genitourinary | ☐ | ☐ | ☐ | Feeding Device/Tube | ☐ | ☐ | |
| Musculoskeletal/orthopedic | ☐ | ☐ | ☐ | Lead Exposure/Elevated Lead | ☐ | ☐ | |
| Neurological | ☐ | ☐ | ☐ | Mobility Device | ☐ | ☐ | |
| Endocrine | ☐ | ☐ | ☐ | Nutrition/Modified Diet | ☐ | ☐ | |
| Skin | ☐ | ☐ | ☐ | Physical illness/impairment | ☐ | ☐ | |
| Psychosocial | ☐ | ☐ | ☐ | Respiratory Problems | ☐ | ☐ | |
| Vision | ☐ | ☐ | ☐ | Seizures/Epilepsy | ☐ | ☐ | |
| Speech/Language | ☐ | ☐ | ☐ | Sensory Impairment | ☐ | ☐ | |
| Hematology | ☐ | ☐ | ☐ | Developmental Disorder | ☐ | ☐ | |
| Developmental Milestones | ☐ | ☐ | ☐ | Other: | | | |

**REMARKS:** (Please explain any abnormal findings.)

| 5. Measurements | Date | Results/Remarks |
|---|---|---|
| Tuberculosis Screening/Test, if indicated | | |
| Blood Pressure | | |
| Height | | |
| Weight | | |
| BMI % tile | | |
| Developmental Screening | | |

6. Is the child on medication?
☐ No ☐ Yes, indicate medication and diagnosis:
**(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).**
https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

7. Should there be any restriction of physical activity in child care?
☐ No ☐ Yes, specify nature and duration of restriction:

8. Are there any dietary restrictions?
☐ No ☐ Yes, specify nature and duration of restriction:

9. **RECORD OF IMMUNIZATIONS** – MDH 896 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider **or** a computer generated immunization record must be provided. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 896.)

10. **RECORD OF LEAD TESTING -** MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 4620)

Under Maryland law, all children younger than 6 years old who are enrolled in child care must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.

Additional Comments: _____

| Health Care Provider Name (Type or Print): | Phone Number: | Health Care Provider Signature: | Date: |
|---|---|---|---|
| | | | |

# MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

## How To Use This Form

➔ **A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).**

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

## Frequently Asked Questions

1. **Who should be tested for lead?**

   All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

2. **What is the blood lead reference value, and how is it interpreted?**

   Maryland follows the CDC blood lead reference value, which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

3. **If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?**

   Yes, if a capillary test shows a blood lead level of ≥3.5 µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See Table 1 (CDC) for the recommended schedule.

4. **What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?**

   Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm).

5. **What programs or resources are available to families with a child with lead exposure?**

   Maryland and local jurisdictions have programs for families with a child exposed to lead:
   - Maryland Home Visiting Services for Children with Lead Poisoning
   - Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

   For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: https://health.maryland.gov/phpa/OEHFP/EH/Pages/Lead.aspx.

   Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention: https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx

   Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.
   Phone: (610) 519-3478 or Toll Free: (833) 362-2243
   Website: https://www1.villanova.edu/university/nursing/macche.html

# MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

CHILD'S NAME: _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE: _____
MM/DD/YYYY

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

| Test Date (mm/dd/yyyy) | Type of Test (V = venous, C = capillary) | Result (µg/dL) | Comments |
|---|---|---|---|
| | Select a test type. | | |
| | Select a test type. | | |
| | Select a test type. | | |

**Health care provider or school health professional or designee only:** To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

1. _____ _____
Name Title

_____ _____
Signature Date

2. _____ _____
Name Title

_____ _____
Signature Date

| Clinic/Office Name, Address, Phone |
|---|
| |

**Health care provider:** Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

Lead Risk Assessment Questionnaire Screening Questions:

Yes☐ No☐ 1. Does the child live in or regularly visits a house/building built before 1978?
Yes☐ No☐ 2. Has the child ever lived outside the United States or recently arrived from a foreign country?
Yes☐ No☐ 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?
Yes☐ No☐ 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?
Yes☐ No☐ 5. Does the child have contact with an adult whose job or hobby involves exposure to lead?
Yes☐ No☐ 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?
Yes☐ No☐ 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

**Provider:** If any responses are **YES**, I have counseled the parent/guardian on the risks of lead exposure. _____
Provider Initial

**Parent/Guardian:** I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

_____ _____
Parent/Guardian Signature Date



Environmental Health Bureau
mdh.envhealth@maryland.gov

# MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE _____/_____/_____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN NAME _____ PHONE NO. _____

ADDRESS _____ CITY _____ ZIP _____

| Dose # | DTP-DTaP-DT Mo/Day/Yr | Polio Mo/Day/Yr | Hib Mo/Day/Yr | Hep B Mo/Day/Yr | PCV Mo/Day/Yr | Rotavirus Mo/Day/Yr | MCV Mo/Day/Yr | HPV Mo/Day/Yr | Hep A Mo/Day/Yr | MMR Mo/Day/Yr | Varicella Mo/Day/Yr | Varicella Disease Mo / Yr | COVID-19 Mo/Day/Yr |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | DOSE #1 | | DOSE #1 |
| 2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | DOSE #2 | _____ | DOSE #2 |
| 3 | DOSE #3 | DOSE #3 | DOSE #3 | DOSE #3 | DOSE #3 | DOSE #3 | DOSE #3 | DOSE #3 | Td Mo/Day/Yr | Tdap Mo/Day/Yr | MenB Mo/Day/Yr | Other Mo/Day/Yr | |
| 4 | DOSE #4 | DOSE #4 | DOSE #4 | DOSE #4 | DOSE #4 | | | | _____ | _____ | _____ | _____ | |
| 5 | DOSE #5 | | | | | | | | _____ | | _____ | _____ | |

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)

2. _____
Signature Title Date

3. _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a: ☐ Permanent condition OR ☐ Temporary condition until _____/_____/_____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

# How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

**Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.**

**Notes:**

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**

2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.

3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).

4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.

5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

# Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:
(1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
(2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
(3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

Please refer to the "**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the "**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**" guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

## Children's Center of North Harford

## Family Handbook Sign-Off

We welcome you and your family to the Children's Center of North Harford. Please review and initial the following statements below and return this signed form to the school director. It must be returned to school before the child's first day of class.

**Please initial the following statements:**

_____ I have read and understand the CCNH Family Handbook in its entirety and agree to follow the outlined information and protocols discussed.

_____ I understand that all registration materials and completed forms must be returned to the school director before the start of class.

_____ I have read and understand CCNH's screen time policy.

_____ I have read and understood CCNH's emergency preparedness plan, positive guidance and behavior policies, and adult altercation policy.

_____ I have read and understand CCNH's inclement weather and attendance policies.

_____ I have read and agree to follow CCNH's COVID guidelines.

_____ I have received a copy of the Maryland State Department of Education's consumer education brochure, the "Guide to Regulated Childcare."

Parent Signature: _____

Date: _____

## *CHILDREN'S CENTER OF NORTH HARFORD*
## *PHOTO RELEASE*

*I, _____, hereby grant the Children's Center of North Harford permission to use my child's: _____, photograph in all publications, including but not limited to all of Children's Center of North Harford's printed and digital publications. I understand and agree that any photograph using my child's likeness will become the property of Children's Center of North Harford.*

*Children's Center of North Harford will not reference names or provide any specific information regarding your child. Photo's used will not be sold to outside sources and will only be used for school purposes or to advertise for the school.*
*Please take a moment to let us know your preferences Regarding our use of photos of your children. Please initial either #1 or #2 choice below.*

1. *YES, I grant permission to use photos of my child on the CCNH website/Facebook, in newsletters, advertising brochures and newspaper articles.*

_____

2. *NO, please do not use any photos of my child on the CCNH website/Facebook, in newsletters, advertising brochures and newspaper articles.*

_____

Printed Name: _____ Date: _____

Signature: _____

**CHILDREN'S CENTER OF NORTH HARFORD**

**707 -708 HIGHLAND ROAD, STREET MD 21154**

**410-836-0444**

Dear Parents,

The Governor of Maryland and the County Executive of Harford County made the decision to have Potassium Iodide (KI) available to area schools within the ten-mile designated Emergency Planning Zone (EPZ) of the Peach Bottom Nuclear Plant. The Children's Center of North Harford is one of those schools.

The preventative medication, Potassium Iodide (KI), taken shortly prior to exposure to radiation, blocks the absorption of radioactive isotypes by the thyroid gland. It does not provide protection against any other form of radiation.

The County Health Officers and/or Deputy Health Officer are authorized to order the issue and subsequent consumption of KI. Sufficient doses of KI for students and staff at Children's Center of North Harford are available at CCNH to be administered to all students and staff on orders of the Health Office/Deputy Health Officer, **provided a signed copy of this form is on file** at CCNH. The order would be issued only in the event that a radioactive release has occurred at the Peach Bottom Nuclear Plant.

Please see specific information regarding the KI medication, side effects and how and when to take KI on the pages attached to this form.

By checking the appropriate space and signing this form, you will indicate whether you authorize the administration of Potassium Iodide (KI) to your child on orders of the Harford County Health Officer/Deputy Health Officer in case of radioactive release from the Peach Bottom Nuclear Plant. PLEASE RETURN THIS FROM TO CCNH AS SOON AS POSSIBLE. IT MUST BE RECEIVED IN ORDER FOR YOUR CHILD TO BE REGISTERED AT CCNH.

If you have questions about this program, please call the Harford County Health Department 410-638-8464 or the Division of Emergency Operations at 410-638-4900.

---

_____ _____

Student Name Parent Name

_____

Date

_____ YES, I have read and understood the information on KI and herby give authorization for my child to receive KI.

_____ NO, I do not want my child to receive KI.

# All About Me!

Child's Name: _____

Birthdate: _____

Parents Names: _____

| Things my child does well |
| --- |
| |
| Things I am working on with my child |
| |
| What my child likes and dislikes |
| |
| Things my child might need help with |
| |
| Notes to the teacher |
| |

# CCNH Electronic Debit Authorization

Childs Full Name: _____

Responsible Guardians Name: _____

I authorize The Children's Center of North Harford, INC. and its bookkeeping agent to electronically debit my bank account to make monthly tuition payments on my child's account. I understand that I will receive an invoice 5-7 days before the withdrawal each month. The withdrawal will occur on the first of each month when the installment is due. The withdrawal amount will equal the amount on my registration contract unless adjustments are needed to satisfy my account balance, such as additional charges or correction of errors. I also understand that if there are insufficient funds at the time of the withdrawal, the bank fees charged to CCNH will be added to the amount owed. The Children's Center and its bookkeeping agent will continue to utilize this automatic debit authorization for all charges until such a time when the responsible party terminates permission.

_____ _____

Signature Date

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

(Please Check One) Checking: _____ or Savings: _____

ATTACH A VOIDED CHECK BELOW