



HARFORD
COMMUNITY COLLEGE



HALF-DAY PRESCHOOL

Early Learning Center

2020-2021

License #68435

443.412.2393

www.harford.edu/ELC

Dear Parents:

Thank you for your interest in Harford Community College's Early Learning Center for young three-, three-, and four-year-olds. Enclosed you will find registration materials to enroll your child in the 2020-2021 program.

Young Three-Year-Old Program

(Must be 3 by 11/30/20)

Tuition: \$160 per month

One-Time Materials Fee: \$99

Course: 45006
TUE, THU 9-11:30 AM

Three-Year-Old Program

(Must be 3 by 9/1/20)

Tuition: \$160 per month

One-Time Materials Fee: \$99

Course: 45007
TUE, THU 9-11:30 AM

Three-Year-Old Program

(Must be 3 by 9/1/20)

Tuition: \$190 per month

One-Time Materials Fee: \$99

Course: 45008
MON, WED, FRI 9-11:45 AM

Four-Year-Old Program

(Must be 4 by 9/1/20)

Tuition: \$220 per month

One-Time Materials Fee: \$99

Course: 45009
MON, WED, FRI 9 AM-12 PM

Four-Year-Old Program

(Must be 4 by 9/1/20)

Tuition: \$320 per month

One-Time Materials Fee: \$99

Course: 45010
MON-FRI 9 AM-12 PM

Please read the Policies and Procedures of HCC's Early Learning Center carefully so there is no confusion for the school year.

Complete and return all of the following to register:

1. Signed Policies and Procedures Form
2. Billing Form
3. Registration Form
4. Waiver
5. Non-refundable payment of the last month's tuition
6. Non-refundable materials fee

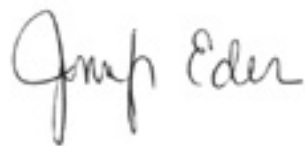
Complete and return all of the following before your child's first day of class:

1. Emergency Form
2. Parent's Guide to Regulated Child Care Acknowledgment Form
3. Student Information Sheet
4. All About Me Form
5. Health Inventory Form with Lead Addendum and Immunization Record (signed by doctor)

Please complete and return the forms as soon as possible.

Registration is accepted on a first-come, first-served basis, so we encourage your response as soon as possible. You may register in person at the Early Learning Center, Monday-Friday from 8 AM to 4 PM.

Sincerely,



Jennifer Eder
Early Learning Center Director
443.412.2393
jeder@harford.edu

A PARENT'S GUIDE TO REGULATED CHILD CARE

Important Information for Parents of Children in Child Care Facilities

A publication of the Maryland State Department of Education, Division of Early Childhood Development, Office of Child Care is available at:

www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm

This Section Provides Information About:

- The requirements that State-regulated family child care homes and child care centers must meet,
- Your rights and responsibilities as the parent of a child in regulated care, and
- How and where to file a complaint if you believe your child care provider has violated State child care licensing regulations.

Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education (MSDE), Division of Early Childhood Development. Within the Division, child care licensing is the specific responsibility of the Office of Child Care (OCC), Licensing Branch.

All child care facilities must meet minimum health, safety, and program standards set by Maryland law. To remain licensed, facilities must maintain compliance with those standards. Every licensed facility is inspected by OCC at least once each year to evaluate the facility's compliance with child care regulations.

OCC's thirteen Regional Offices are responsible for licensing activities, including:

- Issuing child care licenses;
- Inspecting child care facilities;
- Investigating complaints against licensed child care facilities;
- Investigating reports of unlicensed (illegal) child care; and
- Taking enforcement action when necessary to achieve compliance with regulations.

There are two types of regulated child care facilities: family child care homes and child care centers.

Family Child Care Homes and Child Care Centers Must Meet the Following Requirements:

- Have the approval of OCC, the fire department and other local agencies, as required (i.e., zoning, health, and environment)
- Provide care only in the areas of the facility that have been approved for use
- Have the license issued by OCC posted where it is easily and clearly visible to parents, which shows:
 - the maximum number of children who may be present at the same time;
 - the age groups which may be served;
 - the facility's approved hours of operation.
- At all times, each child must be supervised in a manner appropriate to the child's age, activities, and individual needs.
- All areas of the facility used for child care must be clean, well lit, and properly ventilated. Room temperatures should be comfortable.

- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that are appropriate to the age, needs and capabilities of each child.

- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. Corporal punishment of any kind is strictly prohibited.

There are certain requirements that apply only to homes or centers.

Family Child Care Homes

- Up to eight children may be in care at the same time if the home meets certain physical requirements. No more than two children under the age of two, including the caregiver's own, may be in care at the same time unless the home has been approved to serve additional children in this age group and an additional adult is present. Under no circumstance may care be provided at the same time to more than four children under the age of two.
- Each applicant for a family child care license must:
 - Have a criminal background check and child abuse/neglect clearance;
 - Submit a recent medical evaluation;
 - Complete pre-service training requirements, including certification in first aid and CPR.

- Each adult resident of the home must also have a criminal background check and child abuse/neglect clearance.
- After becoming licensed, the caregiver must periodically complete additional training. Also, current certification in first aid and CPR must be maintained at all times.
- Each caregiver must have at least one substitute who is available to care for the children in the event of the caregiver's temporary absence from the home. Each substitute is subject to approval by OCC and must have a child abuse/neglect clearance. If paid by the caregiver, a substitute must also have a criminal background check. Before allowing a substitute to provide care, the caregiver must tell the substitute how to reach parents in the event of an emergency and familiarize the substitute with the home's child health and safety procedures.

Child Care Centers

The Center Director and staff members who have group supervision responsibilities must meet minimum education, experience, and training qualifications. They must also meet continued training requirements each year.

The Director and all paid center employees must complete a criminal background check and a child abuse/neglect clearance, and submit a medical evaluation.

In each classroom, staff/child ratios and maximum group size requirements must be maintained at all times. The following table shows some basic age groupings and the applicable requirements:

Age Group	Ratio	Maximum Size
0-18 months	1:3	6
18-24 months	1:3	9
2 years	1:6	12
3-4 years	1:10	20
5 years or older	1:15	30

For every 20 children present, there must be at least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

You have the right to:

- Expect that your child's care meets the standards set by Maryland's child care licensing regulations:
Available online at www.marylandpublicschools.org/MSDE/divisions/child_care/regulat
- Visit the facility without prior notification any time your child is there;
- See the rooms and outside play area where care is provided during program hours;
- Be notified if someone in the family child care home smokes. In child care centers, smoking is prohibited;
- Receive advance notice when a substitute will be caring for your child in a family child care home for more than two hours at a time;
- Give written permission before a caregiver may take your child swimming, wading, or on field trips;
- Give written authorization before any medication may be administered to your child;
- Be notified immediately of any serious injury or accident. If your child has a non-serious injury or accident, you must be notified on the same day;
- File a complaint with OCC if you believe that the caregiver has violated child care regulations.
- Any complaint you make to OCC about the care your child is receiving will be promptly investigated by OCC;
- Review the public portion of the licensing file for the facility where your child is or has been enrolled, or where you are considering enrolling your child.

How Do I File a Complaint?

If you wish to file a complaint, contact the OCC Regional Office in the area where the child care facility is located. Complaints may be filed anonymously. Listed below are Regional Offices and their main telephone numbers.

Region	Phone Number
1 Anne Arundel County	410.514.7850
2 Baltimore City	410.554.8300
3 Baltimore County	410.583.6200
4 Prince George's County	301.333.6940
5 Montgomery County	240.314.1400
6 Howard County	410.750.8770
7 Western Maryland	
Hagerstown - Main Office	301.791.4585
Allegany County Field Office	301.777.2385
Garrett County Field Office	301.334.3426
8 Upper Shore	410-819-5801
Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties	
9 Lower Shore	410.713.3430
Somerset, Wicomico, and Worcester Counties	
10 Southern Maryland	301.475.3770
Calvert, Charles and St. Mary's Counties	
11 North Central	410.272.5358
Cecil and Harford Counties	
12 Frederick County	301.696.9766
13 Carroll County	410.751.5438

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to verify that you received a copy of "A Parent's Guide to Regulated Child Care." On the lines below, please write the name of each child you have placed in the care of this provider. **Complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facility's files.**

Child's Name

Child's Name

Child's Name

Child's Name

I, _____,
have received a copy of the consumer education brochure entitled "Parent's Guide to Regulated Child Care."

Date

Signature of Parent/Guardian

HCC Early Learning Center (ELC)

What to Expect

What to Expect From Preschool

Children succeed when given opportunities to learn about the world around them. We understand the importance of promoting creativity and self-expression, while also using the latest technology to deliver an engaging academic curriculum.

Our Preschool program encourages children to:

- *Develop senses* through food and tasting experiences, art, music, and listening
- *Share ideas* and experiences in group discussions
- *Express feelings* in group discussions using art and music activities or stories
- *Problem-solve* using dramatic play and science experiments
- *Increase intellectual abilities* using letter and number recognition, multicultural experiences, and science activities
- *Exercise imagination* with art activities, dramatic play, and storytime
- *Develop concentration skills* by listening to others in groups and working individually on projects
- *Strengthen large and small motor skills* with activities like marching, dancing, or fingerplays, and using writing/drawing utensils, scissors, and playdough

Children feel more comfortable when they know what to expect from school each day. At the Early Learning Center, a schedule and routine has been established:

- *Arrival*—Choose learning center activities.
- *Opening exercises* using children's names, calendar, and pledge
- *Introduction* to the day's activities
- *Activity time* including art, music, dramatic play, science, social studies, math, or reading readiness
- *Snack*
- *Storytime, songs, fingerplays*
- *Table time*—Children may do puzzles, look at books, or draw until dismissal.

If you have any questions regarding our program or need registration information:

Jennifer Eder
Early Learning Center Director
443.412.2393
jeder@harford.edu

HCC Early Learning Center (ELC)

Half-Day Preschool Program Financial Statement

Tuition/Fees

Registration must be completed each year and an annual materials fee must be paid. Payment for tuition is due on or before the 25th of each month prior to the month of service.

Payment Policies

Payment can be made by check, money order, or credit card. Please put your child's name and H-ID number on the check or money order. Make check or money order payable to Harford Community College (HCC). Payments may be made in the ELC office or placed in the ELC drop box. A receipt will be provided only upon request.

Late Payment Policy

A late charge of \$35 will be applied to any account not paid in full by the due date.

If payment is 30 days or more past due, parents/guardians will be contacted by phone concerning late payments and a date for termination of services. To avoid disruption of service, your account must be made current by the final termination date, and you must provide receipt of payment to the Center Director or opening staff before your child will be admitted into care.

Personal checks will not be accepted if a personal check has been refused for payment (NSF—Non-Sufficient Funds) within the last 12 months.

Bad Checks

Checks that are returned for non-payment will not be re-deposited. An additional charge of \$35 will be charged for any returned checks. We will notify you by letter of a Non-Sufficient Funds occurrence. The \$35 fee will be added to your next payment. Multiple returned checks may result in personal checks not being accepted for future payments.

Change in Tuition

Tuition fees are subject to change. Written notice will be given in advance regarding such a change. If your child needs to have any changes in enrollment, a request must be made in writing one month in advance. Verbal changes cannot be accepted.

Late Pick-Up Charge

Late fees begin at the end of the scheduled class and are assessed as follows: \$5 for the first five minutes and \$5 for each 5-minute period thereafter or fraction thereof. Please remember to call the Center to inform the staff of the delay. Parents/guardians who are late will be presented with a Late Charge Slip, and asked to sign/verify the late balance being assessed. Parents/guardians are responsible for paying the accrued late charges by the close of the next business day.

Withdrawal Policy

To discontinue the billing cycle, a written withdrawal letter must be completed by the parent/legal guardian and received by the Center Manager one month in advance. No refunds will be given for the month in which the student is withdrawn; no exceptions. The last month's payment on deposit will be forfeited.

Refunds

For students enrolling for the 2020-2021 school year, a 50% tuition-only refund will be given if a written cancellation request is received prior to May 15, 2020. **NO REFUNDS WILL BE GIVEN AFTER THAT DATE.**

HCC Early Learning Center (ELC) Half-Day Preschool Program Billing Form

Student's H-ID Number	Student's Last Name	First Name	M.I.	Child's Birthdate
Address		City, State, Zip Code		Phone
Email 1				
Email 2				

Billing Information

Parent/Legal Guardian Responsible for Payment

Name _____

Social Security Number _____

Address _____

City, State, Zip _____

Phone (Home) _____ Phone (Work) _____

Billing Policy

At time of registration, payment is due for the first month's tuition (September), a non-refundable deposit of the last month's tuition (May), and a non-refundable materials fee of \$99 for the 2020–2021 school year. Payment is due monthly, prior to the actual month of service. Please see academic calendar for specific dates for payments. (Example: October payment will be due on September 25th.)

Delinquency Policy

I assume responsibility for the above information, registration, and/or changes. Should my tuition charges become past due and sent to collections, I will be responsible for the collection costs. After 30 days of non-payment, I will be asked to remove my child from the program.

Parent/Legal Guardian Signature _____ Date _____

Check One	Tuition
<input type="checkbox"/> Young 3-year-old AM (TR)	\$160
<input type="checkbox"/> 3-year-old AM (TR)	\$160
<input type="checkbox"/> 3-year-old AM (MWF)	\$190
<input type="checkbox"/> 4-year-old AM (MWF)	\$220
<input type="checkbox"/> 4-year-old AM (MTWRF)	\$320

Monthly Tuition Due _____

Start Date _____

Withdrawal Policy

To withdraw your child from the Early Learning Center, a written withdrawal letter must be completed by the parent/legal guardian and delivered to the Center Manager. No refunds will be given for the month in which the student is withdrawn—No exceptions. The last month's payment on deposit will be forfeited.

HCC Early Learning Center (ELC) Policies and Procedures

Harford Community College's Preschool is a nine-month program of academic classes. Our goal is to encourage children to develop socially, emotionally, and intellectually while gaining a positive self-image. The balanced curriculum includes music, art, crafts, storytime, drama, science, math, and language arts.

Our HCC Early Learning Center is licensed by the Maryland State Department of Education.

1. Policies of Admission

Registration is accepted on a first-come, first-served basis. The Young Three-year-old program is limited to 12 students per class. The other Three- and Four-year-old programs are limited to 16 students per class. (We reserve the right to make changes to this maximum number of students at any time.) There must be sufficient enrollment in order to run each class. If for any reason enrollment is not sufficient, you will be notified and all tuition will be refunded. Medical forms, including immunization and lead screening, must be returned before your child begins classes.

2. Toilet Trained

Students wishing to register for the Young Three program must be toilet trained and be three by December 31. Children admitted to the Three- and Four-year-old programs must be toilet trained and be three or four by September 1.

3. Transportation

Transportation is not provided by the program.

4. Communications

A classroom newsletter and calendar is emailed at the beginning of each month. It contains information regarding book clubs, school closings, special events, and topics covered during that month. In addition, a bulletin board outside the classroom will contain announcements, snack schedule, and information concerning the program.

5. Personal Items

Please send a gallon plastic bag containing a complete change of clothes (shirt, pants, underwear, and socks). This will need to be checked periodically due to size and season changes. All items sent to school should be labeled with your child's name. This includes coats, hats, and sweaters. Please leave all personal items at home. This includes toys, money, candy, gum, jewelry, etc., unless specifically requested. No school supplies are needed.

Shoe policy: Please allow your child to wear only sneakers to school. No flip-flops, crocs, or sandals, please.

6. Snacks

If your child has food allergies, please be certain to record them on your child's health forms. If the snacks are not acceptable, please provide your child's peanut- and gluten-free snack. If you choose, you may provide pre-packaged treats, such as cupcakes, to celebrate your child's birthday. Please notify the teacher a week in advance if you plan to do this; no presents please. Children with a summer birthday will have a date scheduled for an un-birthday celebration.

Because of the high cost of providing snacks, we are asking families to donate (twice a year) three 48-64 oz. bottles of 100% juice (not fruit punch) and three bags or boxes of one of the following: graham crackers, animal crackers, pretzels, small cheese crackers (ie. Cheez-its), or wheat crackers (ie. Wheat Thins). Families may also be asked to provide paper products.

We will send a notice home at the beginning of the month attached to the newsletter when it is your turn.

7. Conferences

The teacher will be happy to discuss any question concerning your child in private. Please do not attempt to discuss your child during class time. Please send a note with your child to schedule a convenient time. Parent/Teacher conferences are also set up to discuss your child's progress after Progress Reports are sent home.

8. Field Trips

A parent or adult guardian must accompany each child on field trips; otherwise, the child will not be allowed to attend that day. There will be one fall and one spring field trip to be scheduled at the discretion of the director.

9. Illness/Health Policy

Children should not be sent to school if the parent suspects or knows that the child is ill. A child should not return to school until 24 hours have passed after running a fever, vomiting, diarrhea, or beginning an antibiotic for an infection. If your child has been absent for more than two consecutive class periods, please contact the teacher and make her aware of the reason for the absence.

The program director reserves the right to refuse admittance to any class if, in the opinion of the director, the child is visibly ill or unable to participate in program activities.

Head Lice – Children must be free of live lice and all nits close to the scalp (within ¼ inches of scalp) to be in school. A doctor's note will be required to return to school. Please notify school as soon as you have discovered your child/children have lice as we are required to notify all families in the center.

Chicken Pox – Children with chicken pox should not return to the program until all the pox have scabbed over. If a sibling in the home has chicken pox, please keep your child at home between the 14th and 21st days after exposure.

Emergency Medical Treatment – In the event of an emergency, College personnel will notify the parent/guardian at the emergency phone number provided. The teacher/director reserves the right in his/her discretion to contact emergency medical personnel, if the situation warrants.

This program does not offer nursing or medical services. Teachers are instructed in simple First Aid and CPR only. You MUST notify the program director if your child has any condition that would affect his or her participation in the program.

10. Arrival/Dismissal Procedures

Each student is to be escorted into the classroom and picked up inside the classroom every program day by a parent or designated adult. Arrival time is 9 AM. No early arrivals are permitted as this time is used for planning and preparation. Dismissal time is 11:30,

11:45 AM, or 12 PM. **Please be prompt. Even a five-minute delay can be stressful to a young child.** Please follow the classroom teacher's rules for dismissal policy. Parents need to sign and date the classroom sign-in sheet each day as they bring their child and when they leave.

Late Pick-Up Penalty: During the first 5 minutes, a charge of \$5 will be payable to the teacher in cash. For every additional 5 minutes after that, \$10 will be payable to the teacher in cash.

11. Parking

You may park in the Joppa Hall lot. Additional parking can be found next to the Early Learning Center in the Fallston lot. Please do not park for extended periods of time in the spaces that are assigned to HCC staff—there is a campus fine of \$50. Please do not park in handicap parking spots—there is a \$150 campus fine.

12. Causes of Dismissal

A child may be removed from the class for any of the following reasons: repeated disruptive behavior, incomplete forms, lack of toilet training, incompatibility of the child with the program, failure to disclose a condition which affects the child's participation in the program, failure to comply with program rules, or failure to pay monthly tuition.

13. Payment

A **nonrefundable deposit** of the last month's tuition (May), first month's tuition, and non-refundable material fee is due at the time of registration. Payment is due monthly, prior to the actual month of service. You will receive an academic calendar with payment dates due. A late charge of \$35 will be applied to any account not paid in full by the due date.

The parent/legal guardian will assume responsibility for all information, registration, and/or changes. Should the student's tuition charges become past due and sent to collections, the parent/legal guardian will be responsible for the collection costs. After 30 days of nonpayment, you may be asked to remove your child from the program. The last month's payment on deposit will be forfeited.

14. Withdrawal Policy

To discontinue the billing cycle, a written withdrawal letter must be completed by the parent/legal guardian

and received by the Center Manager.

No refunds will be given for the month in which the student is withdrawn—no exceptions. The last month's payment on deposit will be forfeited.

15. Refunds

For students enrolling for the 2020–2021 school year, a 50% tuition-only refund will be given if a written cancellation request is received prior to May 15, 2020. **NO REFUNDS WILL BE GIVEN AFTER THAT DATE.**

16. Emergency Phone Contact

The parent is responsible for leaving a phone number where he/she can be reached during the program hours in the case of an emergency and to update that number as necessary. This must include at least one person other than the parent (i.e., neighbor, relative, or other).

17. Emergency Closings

Please call the ELC office at 443.412.2393 for emergency closing information. Emergency closing due to weather conditions will be announced on radio stations WBAL (1090 AM), WPOC (93 FM), and WRBS (95.1 FM) for closings and delays. We will follow the Harford County Public Schools announcement. If there is no announcement, we will open on time. Do not follow the Harford Community College announcement. Be sure to listen for the Harford County Public Schools announcement. Closing information will also be updated on the HCC Early Learning Center Facebook page.

If there are more than five (5) days of closure due to inclement weather, every reasonable attempt will be made to make up days at the end of the year, upon the director's discretion.

18. Holiday Closures

Check your monthly newsletter for non-weather related school closures. We do not observe Harford County Public Schools' Holiday Closure Schedule.

We hope that your child will have many great learning experiences at Harford Community College. Please call the Early Learning Center Director Jennifer Eder, at 443.412.2393 at any time with any questions or concerns.

HCC Early Learning Center Policies and Procedures Parental Agreement Form

I have read and agree to abide by the policies and procedures of the HCC Early Learning Center.

I agree to the use of baby wipes for bathroom needs, if necessary.

Student Name

Class

Parent/Guardian's Signature

Print Name

Date

HCC Early Learning Center (ELC)

Enrollment Releases and Medical Information

I am a legally competent adult who is parent or guardian of the named participant. I would like my child to participate in HCC Early Learning Center programming and expressly give my permission. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for the HCC Early Learning Center allowing my child to participate, I voluntarily and intentionally hold harmless and release Harford Community College's HCC Early Learning Center, and Harford Community College and the Education, Wellness & Community Engagement Division, their agents, employees, and volunteers from any and all actions, causes of actions, liability, claims, or demands for or by reason of damage, loss, or injury which may be sustained by my child as a result of his/her participation in this program. I also agree to indemnify the HCC Early Learning Center for claims made by or for the participant or claims arising from any relationship with the participant or the participant's estate.

I have read this form and grant permission for my child, _____, to participate in all activities provided by HCC Early Learning Center.

Signature _____ Date _____

HCC Early Learning Center (ELC)

Authorization For Emergency Medical Treatment

If my child, _____, should become ill or injured during HCC activities, I understand that HCC will: 1) contact me immediately; 2) contact the person(s) I have designated in case I cannot be reached.

Should HCC be unable to reach me or the person(s) designated, HCC is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child, including the administration of medications or injections provided by me for such purpose.

I accept responsibility for payment of medical services rendered.

Signature _____ Date _____

* These forms are required for your child to participate in any program.

HCC Early Learning Center (ELC)

Registration Agreement 2020-2021

Please review the following information to ensure that you understand your responsibilities in enrolling your child in the HCC Early Learning Center. This signed agreement will be placed in your child's file and a copy will be provided for your records upon request. **ALL REQUIRED FORMS MUST BE COMPLETED AND ON FILE BEFORE YOUR CHILD'S FIRST DAY.**

1. I agree to pay a non-refundable materials fee at the time of enrollment. I also agree to pay for the first month (September) and the last month of preschool (May).
_____ (please initial)
2. I understand that payment is due monthly, prior to the actual month of service. I understand that enrollment may be terminated if my account is past due. A late charge of \$35 will be applied to any account not paid in full by the due date. Please refer to academic calendar for payment schedule. (Example: The September payment will be due on August 25th.)
_____ (please initial)
3. I have read and received a copy of the Financial Statement, which explains payment policies, registration fees, tuition fees, change in care, late fees, and late pick-up fees.
_____ (please initial)
4. I understand that to discontinue the billing cycle, a written withdrawal letter must be submitted by the parent/legal guardian and delivered to the Center Director. No refunds will be given for the month in which the student is withdrawn—no exceptions. Verbal notifications of withdrawals cannot be accepted.
_____ (please initial)
5. I understand that my child must be escorted by an adult (18 years or older) to an HCC staff member in the Early Learning Center. The adult must also sign the in/out roster to ensure that this safety regulation is enforced.
_____ (please initial)

6. I understand that it is my responsibility to notify the Center staff of any family/medical information pertinent to my child's health, safety and well-being. Additionally, I will keep work and emergency contact and phone numbers up-to-date.
_____ (please initial)
 7. If there are any custody issues, I will provide a court order indicating who is the custodial parent/guardian, and the names to whom the staff may not release the child. HCC staff must follow legal guidelines in custody issues.
_____ (please initial)
 8. I understand that if my child is having problems adjusting to the program, a conference will be arranged between the staff and me.
_____ (please initial)
 9. I understand that I may be asked to withdraw my child from the program if his/her behavior threatens his or her own safety and/or health, or that of other children and staff in the Center. If possible, a two-week period will be allowed for parents to make alternative care arrangements.
_____ (please initial)
- For more serious offenses, I understand that I may be called immediately to pick up my child and he/she may be suspended or expelled from care without prior warnings. Some examples of this include, but are not limited to, disrupting the classroom setting and/or hitting, punching, kicking, or biting another student or teacher. Credit is not issued for days of suspension.**
- _____ (please initial)
10. I understand that enrollment may be terminated if my behavior does not fit within the core values of HCC, if I do not follow HCC policies, or if I become aggressive toward any HCC staff member.
_____ (please initial)

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 physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination Form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification Form for newly enrolling children may be obtained from the local health department or from school personnel. The Immunization Certification Form (DHMH 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 http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html Select DHMH 896.
- **Evidence of blood-lead testing for children living in designated at risk areas.** The Blood-Lead Testing Certificate (DHMH 4620), or another written document signed by a health care practitioner, shall be used to meet this requirement. This form can be found at <http://apps.fcps.org/dept/health/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>.

EXEMPTIONS

Exemptions from a physical examination, immunizations and blood-lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead Testing 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 your child.

INSTRUCTIONS

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

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html Select OCC 1216.

If you do not have access to a physician or nurse practitioner, or if your child requires an individualized health care plan, contact your local Health Department.

11. I understand that my child may not attend the program if he/she has any illness or condition that compromises the health of other children or staff. Health Department regulations regarding periods of infection will be enforced.

I understand that my child must be symptom-free (the absence of vomiting, fever, and diarrhea) for at least 24 hours before returning to the Center. Additionally, a doctor's release will be required in order for my child to return to the Center after a contagious illness.

_____ (please initial)

I have reviewed the Illness/Health Policy as provided in the HCC Early Learning Center Policies and Procedures, which explains the Maryland State Health Department's requirements on medication, periods of infection, attendance, and immunization.

_____ (please initial)

12. If my child becomes ill or if a medical emergency arises, the staff will first attempt to contact me and I will be required to pick my child up within an hour of receiving the call. If I cannot be reached, emergency contacts and/or my child's doctor will be contacted.

_____ (please initial)

13. I give permission for my child to participate in walks within the grounds of the Center.

_____ (please initial)

14. I understand that HCC may invite volunteers into our classrooms. (Example: Sharing the Gift Program in conjunction with the Harford County Public Library, etc.)

_____ (please initial)

15. If my child deliberately destroys HCC property, I understand that I will be held responsible for the replacement cost of the property.

_____ (please initial)

16. I understand that my child may be exposed to classroom pets in the HCC Early Learning Center, including but not limited to fish, guinea pigs, hamsters, gerbils, rabbits, and other small animals.

_____ (please initial)

17. I understand the time class will dismiss and that the late pick-up fee is \$5 during the first 5 minutes, and \$5 for every 5 minutes after that, payable to the teacher.

_____ (please initial)

18. By signing this agreement, I acknowledge that I am the responsible party for payment of all fees and tuition. Should my tuition charges become past due and sent to collections, I will be responsible for the collection costs.

_____ (please initial)

19. I understand that I must allow at least 5 business days for any paperwork requests.

_____ (please initial)

20. I have received and read a copy of the HCC Policies and Procedures.

_____ (please initial)

I have read and understand the above.

(Please print.)

Child's Name

Start Date

Parent/Guardian's Name

Parent/Guardian's Signature

Date

I give my permission to HCC Early Learning Center to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image and/or voice for purposes of promoting and/or interpreting HCC programs. This includes the use of social media.

Parent/Guardian's Signature

Date

Health Inventory (2)

PART 1 - HEALTH ASSESSMENT

To Be Completed By Parent or Guardian

Child's Name: _____		Birth date: _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Last		First		Middle	
Mo / Day / Yr					
Address: _____					
Number		Street		Apt#	
City		State		Zip	
Parent/Guardian Name(s)		Relationship		Phone Number(s)	
		W:		C:	
		W:		C:	
Where do you usually take your child for routine medical care? Name: _____					
Address: _____				Phone Number: _____	
When was the last time your child had a physical exam? Month: _____ Year: _____					
Where do you usually take your child for dental care? Name: _____					
Address: _____				Phone Number: _____	
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 (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>			
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>			
Bowels	<input type="checkbox"/>	<input type="checkbox"/>			
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>			
Coughing	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>			
Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			
Does your child take medication (prescription or non-prescription) at any time?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) of medication(s): _____					
Does your child receive any special treatments? (nebulizer, epi-pen, etc.)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, type of treatment: _____					
Does your child require any special procedures? (catheterization, G-Tube, etc.)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, what procedure(s): _____					
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.					
Signature of Parent/Guardian _____				Date _____	



Health Inventory (3)

PART 2 - CHILD HEALTH ASSESSMENT

To Be Completed ONLY By Physician/Nurse Practitioner

Child's Name: _____		Birth Date: _____		Sex M <input type="checkbox"/> F <input type="checkbox"/>			
Last		First		Middle			
Month / Day / Year							
1. Does the child named above have a diagnosed medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
2. 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. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
3. PE Findings							
Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS: (Please explain any abnormal findings.)							
4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider <u>or</u> a computer generated immunization record must be provided. (This form may be obtained from: http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms.html Select DHMH 896.							
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 immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease. Parent/Guardian Signature: _____ Date: _____							
5. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care).							
6. Should there be any restriction of physical activity in child care? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
7. Test/Measurement	Results			Date Taken			
Tuberculin Test							
Blood Pressure							
Height							
Weight							
BMI %tile							
Lead Test Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No							
(Child's Name) has had a complete physical examination and any concerns have been noted above.							
Additional Comments: _____							
Physician/Nurse Practitioner (Type or Print): _____		Phone Number: _____		Physician/Nurse Practitioner Signature: _____		Date: _____	

CUT THIS PAGE OUT - MUST BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER

Health Inventory (3)

CHILDREN WHO ARE REQUIRED TO RECEIVE LEAD TESTING

Under Maryland law, children who reside, or have ever resided, in any of the at-risk zip codes listed below must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the first test was done prior to 24 months of age.

If a child is enrolled in child care during the period between the first and second 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 first test is done after 24 months of age, one test is required.

The child's health care provider should record the test dates on page 3 of this form and certify them by signing and stamping the signature section of the form. All forms should be kept on file at the facility with the child's health records.

AT RISK AREAS BY ZIP CODE

Allegany ALL	Baltimore Co. (con't) 21219	Cecil 21913	Harford 21001 21010	Montgomery (continued) 20901 20910 20912 209 13	Queen Anne's 21607 21617 21620 21623 21628 21640 21644 21649 21651 21657 21668 21670	Washington ALL
Anne Arundel 20711 20714 20764 20779 21060 21061 21225 21226 21402	21220 21221 21222 21224 21227 21228 21229 21234 21236 21237 21239 21244 21250 21251 21282 21286	Charles 20640 20658 20662 Dorchester ALL Frederick 20842 21701 21703 21704 21716 21718 21719 21727 21757 21758 21762 21769 21776 21778 21780 21783 21787 21791 21798	Howard 20763 Kent 21610 21620 21645 21650 21651 21661 21667 Montgomery 20783 20787 20812 20815 20816 20818 20838 20842 20868 20877	Prince George's 20703 20710 20712 20722 20731 20737 20738 20740 20741 20742 20743 20746 20748 20752 20770 20781 20782 20783 20784 20785 20787 20788 20790 20791 20792 20799 20912 20913	Somerset ALL St. Mary's 20606 20626 20628 20674 20687 Talbot 21612 21654 21657 21665 21671 21673 21676	Wicomico ALL Worcester ALL
Baltimore Co. 21027 21052 21071 21082 21085 21093 21111 21133 21155 21161 21204 21206 21207 21208 21209 21210 21212 21215	Baltimore City ALL Calvert 20615 20714 Caroline ALL Carroll 21155 21757 21776 21787 21791	Garrett ALL				

CUT THIS PAGE OUT - MUST BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for children born before January 1, 2015 who do not need a lead test (children must meet the conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet the conditions of Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Should Complete for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____
LAST FIRST MIDDLE

CHILD'S ADDRESS _____
STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX: Male Female BIRTHDATE _____ PHONE _____

PARENT OR GUARDIAN _____
LAST FIRST MIDDLE

_____ STREET ADDRESS (with Apartment Number) CITY STATE ZIP

BOX B - Parent/Guardian to Complete for All Children

Is this child enrolled in Maryland HealthyKids/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program: YES NO
IF YES, HAVE HEALTH CARE PROVIDER COMPLETE BOX C AND DO NOT FINISH BOX B.
IF NO, CONTINUE TO NEXT QUESTION, BELOW.

Was this child born on or after January 1, 2015? YES NO
 Has this child ever lived in one of the areas listed on the back of this form? YES NO
 Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? YES NO
IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, DO NOT SIGN BOX B. INSTEAD, HAVE HEALTH CARE PROVIDER COMPLETE BOX C OR BOX D.
IF ALL ANSWERS ARE NO, SIGN BELOW AND RETURN THIS FORM TO THE CHILD CARE PROVIDER OR SCHOOL.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

BOX C - DOCUMENTATION AND CERTIFICATION OF LEAD TEST RESULTS BY HEALTH CARE PROVIDER

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments: _____

Person completing form: Health Care Provider/Designee OR School Health Professional/Designee

Printed Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D - 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 blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: YES NO

Printed Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. 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.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

Allegany	Baltimore Co. (Continued)	Carroll	Frederick (Continued)	Kent	Prince George's (Continued)	Queen Anne's (Continued)
ALL	21212	21155	21776	21610	20737	21640
	21215	21757	21778	21620	20738	21644
Anne Arundel	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	Cecil	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		Garrett	Montgomery	20752	Somerset
21225	21229	Charles	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	Harford	20812	20782	St. Mary's
	21237	20662	21001	20815	20783	20606
Baltimore Co.	21239		21010	20816	20784	20626
21027	21244	Dorchester	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	Frederick	21082	20868	20790	
21085	21286	20842	21085	20877	20791	Talbot
21093		21701	21130	20901	20792	21612
21111	Baltimore City	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	Calvert	21718				21671
21204	20615	21719	Howard	Prince George's	Queen Anne's	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	Caroline	21758		20712	21620	Washington
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						Wicomico
						ALL
						Worcester
						ALL

Lead Risk Assessment Questionnaire Screening Questions:

- Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
- Ever lived outside the United States or recently arrived from a foreign country?
- Sibling, housemate/playmate being followed or treated for lead poisoning?
- If born before 1/1/2015, lives in a 2004 "at risk" zip code?
- Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
- Contact with an adult whose job or hobby involves exposure to lead?
- Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
- Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

Maryland Department of Health and Mental Hygiene Immunization Certificate

CHILD'S NAME _____ LAST _____ FIRST _____ MI _____

SEX: MALE FEMALE BIRTHDATE _____ / _____ / _____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT NAME _____ PHONE NO. _____
OR
GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Dose #	Vaccines Type								Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
	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					
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
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 CONTRAIN DICATION:

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 the 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

- When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
- 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.
- Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
- 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**.
- History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the DHMH 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:

- Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- 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
- 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 DHMH COMAR 10.06.04.03 are available at www.dhmh.maryland.gov. (Choose Immunization in the A-Z Index.)

Age-appropriate immunization requirements for licensed child care 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.dhmh.maryland.gov. (Choose Immunization in the A-Z Index.)

HCC Early Learning Center (ELC) Emergency Form

INSTRUCTIONS TO PARENTS:

- Complete all items on this side of the form. Sign and date where indicated.
 - If your child has a medical condition that might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.
- THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.**

Child's Last Name	First Name	Birth Date
Enrollment Date	Hours & Days of Expected Attendance	
Child's Home Address	City	State Zip Code

Parent/Guardian Name	Relationship	Phone Numbers		
		W:	C:	H:
Place of Employment:				
Parent/Guardian Name	Relationship	Phone Numbers		
		W:	C:	H:
Place of Employment:				

Last Name of Person Authorized to Pick Up Child Daily	First Name	Relationship to Child
Home Address	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:

- | | | | |
|---------|-----------|-------|-------|
| _____ | _____ | _____ | _____ |
| Name | Phone (H) | (W) | |
| _____ | _____ | _____ | _____ |
| Address | City | State | ZIP |
- | | | | |
|---------|-----------|-------|-------|
| _____ | _____ | _____ | _____ |
| Name | Phone (H) | (W) | |
| _____ | _____ | _____ | _____ |
| Address | City | State | ZIP |
- | | | | |
|---------|-----------|-------|-------|
| _____ | _____ | _____ | _____ |
| Name | Phone (H) | (W) | |
| _____ | _____ | _____ | _____ |
| Address | City | State | ZIP |

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.

Child's Physician or Other Source of Health Care _____

Phone _____

_____	_____	_____	_____
Address	City	State	ZIP

Parent/Guardian's Signature

Date

HCC Early Learning Center (ELC) Emergency Form (Continued)

INSTRUCTIONS TO PARENTS:

- (1) Complete the following items, as appropriate, if your child has a condition(s) that 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: _____

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 _____ Phone _____

MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE

ALL ABOUT: _____

Child's First Name or Nickname

Child's Name _____ Birthdate _____

Parent/Guardian _____ Phone (Home or Cell) _____ Phone (Work) _____

Address _____ State _____ Zip Code _____

Provider/Center _____ Phone _____

Address _____ State _____ Zip Code _____

THINGS MY CHILD DOES WELL

WHAT MY CHILD LIKES AND DISLIKES

THINGS I AM WORKING ON WITH MY CHILD

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES

MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES

THINGS MY CHILD MIGHT NEED HELP WITH

WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?

(For the use of the child care facility when needed)

This information is intended for use by the child care provider, developed in cooperation with the parents.

THIS IS NOT INTENDED TO BE A LEGALLY BINDING CONTRACT.

SIGNATURES

Parent/Guardian Date

Provider Date

UPDATES

Parent/Guardian Date

Parent/Guardian Date

**HCC Early Learning Center (ELC)
Student Information Sheet and Medical Alert Information**

Child's Name: _____

Prefers to be called: _____

Birthday (include year): _____

Parent/Guardian: _____ (Name 1) Parent/Guardian: _____ (Name 2)

Siblings' Names: _____

Address: _____

Home Phone: _____

Cell Phone: _____ (Parent/Guardian 1) Cell Phone: _____ (Parent/Guardian 2)

Work Phone: _____ (Parent/Guardian 1) Work Phone: _____ (Parent/Guardian 2)

Email Address: _____ (Parent/Guardian 1) Email Address: _____ (Parent/Guardian 2)

Allergies: *(List any allergies, medical and/or handicapping conditions.)*

Physician Name: _____ Phone: _____

Address: _____

Emergency Contacts: 1. _____
Name Phone (H) (W)
Address City State ZIP
2. _____
Name Phone (H) (W)
Address City State ZIP

I give my permission to HCC Early Learning Center (ELC) to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my child's image and for voice purposes of promoting and/or interpreting HCC programs. This also includes photos for social media purposes.

Signature _____ Date _____



HARFORD
COMMUNITY COLLEGE

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