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.

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

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

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

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**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,
- 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 child 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.
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.

<table>
<thead>
<tr>
<th>Region</th>
<th>Office</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Anne Arundel County</td>
<td></td>
<td>410.514.7850</td>
</tr>
<tr>
<td>2  Baltimore City</td>
<td></td>
<td>410.554.8300</td>
</tr>
<tr>
<td>3  Baltimore County</td>
<td></td>
<td>410.583.6200</td>
</tr>
<tr>
<td>4  Prince George's County</td>
<td></td>
<td>301.333.6940</td>
</tr>
<tr>
<td>5  Montgomery County</td>
<td></td>
<td>240.314.1400</td>
</tr>
<tr>
<td>6  Howard County</td>
<td></td>
<td>410.750.8770</td>
</tr>
<tr>
<td>7  Western Maryland</td>
<td>Hagerstown - Main Office</td>
<td>301.791.4585</td>
</tr>
<tr>
<td></td>
<td>Allegany County Field Office</td>
<td>301.777.2385</td>
</tr>
<tr>
<td></td>
<td>Garrett County Field Office</td>
<td>301.334.3426</td>
</tr>
<tr>
<td>8  Upper Shore</td>
<td></td>
<td>410.819-5801</td>
</tr>
<tr>
<td></td>
<td>Caroline, Dorchester, Kent, Queen Annes and Talbot Counties</td>
<td></td>
</tr>
<tr>
<td>9  Lower Shore</td>
<td></td>
<td>410.713.3430</td>
</tr>
<tr>
<td></td>
<td>Somerset, Wicomico, and Worcester Counties</td>
<td></td>
</tr>
<tr>
<td>10 Southern Maryland</td>
<td></td>
<td>301.475.3770</td>
</tr>
<tr>
<td></td>
<td>Calvert, Charles and St. Mary's Counties</td>
<td></td>
</tr>
<tr>
<td>11 North Central</td>
<td></td>
<td>410.272.5358</td>
</tr>
<tr>
<td></td>
<td>Cecil and Harford Counties</td>
<td></td>
</tr>
<tr>
<td>12 Frederick County</td>
<td></td>
<td>301.696.9766</td>
</tr>
<tr>
<td>13 Carroll County</td>
<td></td>
<td>410.751.5438</td>
</tr>
</tbody>
</table>

Your Rights and Responsibilities as a Child Care Consumer
- 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:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Ratio</th>
<th>Maximum Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18 months</td>
<td>1:3</td>
<td>6</td>
</tr>
<tr>
<td>18-24 months</td>
<td>1:3</td>
<td>9</td>
</tr>
<tr>
<td>2 years</td>
<td>1:6</td>
<td>12</td>
</tr>
<tr>
<td>3-4 years</td>
<td>1:10</td>
<td>20</td>
</tr>
<tr>
<td>5 years or older</td>
<td>1:15</td>
<td>30</td>
</tr>
</tbody>
</table>

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

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.

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

<table>
<thead>
<tr>
<th>Student’s H-ID Number</th>
<th>Student’s Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Child’s Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Billing Information

Parent/Legal Guardian Responsible for Payment

Name ____________________________

Social Security Number ________________

Address ________________________________________________

City, State, Zip Code __________________________ Phone __________________________

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 $59 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

☐ Young 3-year-old AM (TR) $160
☐ 3-year-old AM (TR) $160
☐ 3-year-old AM (MWF) $190
☐ 4-year-old AM (MWF) $220
☐ 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.

5. Personal Items

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, storytelling, 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 year-old program must be toilet trained and be three by September 1.

Students 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.

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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 guardian must accompany each child on field trips; otherwise, the child will not be allowed to attend that day. There will be one full 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 1/4 inch 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/legal 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/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 11:45 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 be responsible 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.
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, liablity, 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.

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)
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

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/MSEDE/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.
**Health Inventory (2)**

**PART 1 - HEALTH ASSESSMENT**  
To Be Completed By Parent or Guardian

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Birth date:</th>
</tr>
</thead>
</table>

**Address:**  
Number: Street: Apt: City: State: Zip:  
Parent/Guardian Name(s): Relationship: Phone Number(s):  
W: C: H:  
W: C: H:  
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 problems with the following? Check Yes or No and provide a comment for any YES answer!  

<table>
<thead>
<tr>
<th>Health Area</th>
<th>WNL</th>
<th>ABNL</th>
<th>Not Evaluated</th>
<th>Comments (required for any Yes answer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies (Food, Insects, Drugs, Latex, etc.)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies (Seasonal)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma or Breathing</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral or Emotional</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Defect(s)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Bladder</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Bleeding</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Bowel</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coughing</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear(s) of Deafness</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes or Vision</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Injury</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization (When, Where)</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Poisoning/Exposure</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Threatening Allergic Reactions</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Limits on Physical Activity</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Meningitis</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Malnutrition</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>Ordinal</td>
<td>Yes</td>
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<td></td>
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<tr>
<td>Physical</td>
<td>Yes</td>
<td>No</td>
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<td></td>
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<tr>
<td>Sickle Cell Disease</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Speech/Language</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>Surgery</td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Does your child take medication (prescription or non-prescription) at any time?**  
No ☐ Yes, name(s) of medication(s): ☐  

**Does your child receive any special treatments?**  
(Nebulizer, epi-pen, etc.)  
No ☐ Yes, type of treatment: ☐  

**Does your child require any special procedures?**  
(Catheterization, G-Tube, etc.)  
No ☐ Yes, what procedure(s): ☐  

**I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS 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

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Birth Date:</th>
</tr>
</thead>
</table>

**Address:**  
Physician/Nurse Practitioner (Type or Print): Phone Number:  
W: C: H:  
W: C: H:  
Parent/Guardian Name: Phone Number:  
Where do you usually take your child for dental 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 routine medical care? Name:  
Address: Phone Number:  

**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 or 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?**  
No ☐ 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?**  
No ☐ Yes, specify nature and duration of restriction: ☐  

**7. Test/Measurement**  
<table>
<thead>
<tr>
<th>Test</th>
<th>Results</th>
<th>Date Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

**BMI:  [ ]**  
Lead Test Indicated: [ ] Yes ☐ No ☐  

**CH (Child’s Name) has had a complete physical examination and any concerns have been noted above.**  

**Additional Comments:**  

---

OCC 1215 - Revised August 2014 - All previous editions are obsolete. Page 2 of 4.
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

<table>
<thead>
<tr>
<th>Allegany</th>
<th>Anne Arundel</th>
<th>Baltimore Co. (con’t)</th>
<th>Cecil</th>
<th>Harford</th>
<th>Montgomery (continued)</th>
<th>Queen Anne’s</th>
<th>Washington</th>
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<th>Somerset</th>
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</table>

<table>
<thead>
<tr>
<th>Baltimore Co.</th>
<th>Baltimore City</th>
<th>Calvert</th>
<th>Caroline</th>
<th>Carroll</th>
<th>Garrett</th>
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<td>21791</td>
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</tr>
</tbody>
</table>

OCC 1215 - Revised August 2014 - All previous editions are obsolete. Page 4 of 4.
Immunization Certificate

CHILD’S NAME__________________________________________

SEX:  MALE ☐  FEMALE ☐

BIRTHDATE_______/_______/_______

COUNTY ____________________________

SCHOOL ____________________________

GRADE ____________________________

PARENT NAME __________________________________________

PHONE NO. ______________________________

GUARDIAN ADDRESS _____________________________________

CITY ____________________________

ZIP ___________ ___________ ____________

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

Clinic / Office Name ____________________________

Office Address/Phone Number ____________________________

Table of Immunizations:

### RECORD OF IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Dose #</th>
<th>Mo/Day/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT/P</td>
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<td>2</td>
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<tr>
<td>DTaP</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>DT</td>
<td>1</td>
<td>2</td>
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<td>Polio</td>
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<td>Hib</td>
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</tr>
<tr>
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<td>PCV</td>
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<tr>
<td>Other</td>
<td>1</td>
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</tr>
</tbody>
</table>

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: __________/________/________

Medical Provider / LHD Official
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 vaccinations 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:
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 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:

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 (rubella); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diptheria-acellular pertussis acquired through a Tetanus-diptheria-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 children 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.)
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**

__________________________________________________________________________________________________________

**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: __________________
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: ____________________________

Parent/Guardian: ____________________________

Date

Parent/Guardian: ____________________________

Date

Home Phone: ____________________________

Cell Phone: ____________________________

(Cell/Guardian 1)

(Cell/Guardian 2)

Work Phone: ____________________________

Work Phone: ____________________________

(Cell/Guardian 1)

(Cell/Guardian 2)

Email Address: ____________________________

Email Address: ____________________________

(Cell/Guardian 1)

(Cell/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 ____________________________

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 ____________________________

Parent/Guardian ____________________________

Date ____________________________

Parent/Guardian ____________________________

Date ____________________________