

MARYLAND STATE DEPARTMENT OF EDUCATION – OFFICE OF CHILD CARE  
**APPLICATION FOR LARGE FAMILY CHILD CARE HOME REGISTRATION**  
**Submitting an application is not an authorization to provide childcare services. You may not operate a childcare facility until you receive your certificate of registration from the Office of Child Care.**

-----**SECTION I**-----

(To Be Completed By Regional Office)

OCC Region # \_\_\_\_\_ County: \_\_\_\_\_ CCATS Provider ID# \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Resumption: Previous OCC Region: \_\_\_\_\_ Last Effective Date of Previous Registration \_\_\_\_\_

Records Requested Date: \_\_\_\_\_ Records Received Date: \_\_\_\_\_

-----**SECTION II**-----

(To Be Completed By Applicant)

Applicant is applying for: (check one)

First Registration  Resumption of Service: Previous Registration # \_\_\_\_\_

Applicant is requesting: (Check all that apply)

- INFANT  TODDLER  
 PRESCHOOL (2 through 5 years old)  SCHOOL AGE (Grades K – Middle School)  
 ADOLESCENT (Middle/Junior High School or special needs up to age 21)  
 EDUCATIONAL PROGRAM (Request an Educational Program application)

**ATTACH A COPY OF GOVERNMENT ISSUED PHOTO ID**

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

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

Social Security # (Required): \_\_\_\_\_ Tax ID # (Optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Female  Male  Non-Binary

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

If currently working, can you receive calls at work?  NO If  YES, give work number: \_\_\_\_\_

2. Applicants Residence: \_\_\_\_\_ County: \_\_\_\_\_

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

Development (If applicable): \_\_\_\_\_ Status:  Homeowner  Renter (Landlord Approval Form OCC 1296)

Other, please explain: \_\_\_\_\_

Year Property Built: \_\_\_\_\_  Lead Risk Reduction Certificate  Lead Free Certificate

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

Is your home located in a condominium or a neighborhood that requires Homeowner's Association membership?

YES  NO

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

-----SECTION II (Continued)-----

3. Previous address, if applying for a Resumption of Service: \_\_\_\_\_  
\_\_\_\_\_

4. Personal Identifying Data (**NEEDED FOR CLEARANCE**):

(a) Race (check all that apply):     American Indian or Alaskan Native     Asian     Black or African American  
 Native Hawaiian or Pacific Islander     White     other (specify): \_\_\_\_\_

(b) Ethnicity:         Hispanic or Latino         Non-Hispanic or Latino

(c) Marital Status:     Single     Married     Widowed     Separated     Divorced

(d) Primary Language Spoken: \_\_\_\_\_

5. Are you a child/adult foster care provider, or applying to become one?  YES     NO

If yes, please provide the following: Name of Foster Care Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

6. Please list all residents of the home (**excluding yourself**). Please use an additional piece of paper if needed:

Full Name of Resident	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is any adult living in your residence an employee of the Maryland State Department of Education (MSDE)?

YES     NO

7. Have you or any other persons living in your residence **ever been convicted of any criminal charge, or received a probation before judgment disposition, or received a not criminally responsible disposition?**     YES     NO

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

8. Are you or any other persons living in your residence **awaiting trial on any criminal charge?**     YES     NO

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

-----SECTION II (Continued)-----

9. Have you or any other persons living in your residence ever been reported for child abuse or neglect?  YES  NO

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

10. Have you ever been licensed, or have you applied to become licensed, registered or certified to provide child care in any other county, state or federal jurisdiction?  YES  NO

If YES, state when and where: \_\_\_\_\_  
\_\_\_\_\_

11. Have you ever had a license, registration or certification for any type of care denied, suspended or revoked?

YES  NO If YES, state when and where: \_\_\_\_\_  
\_\_\_\_\_

-----SECTION III-----

(To Be Completed by Applicant)

**APPLICANT'S STATEMENT**

I understand that the regulations can be viewed at the following website:

<https://earlychildhood.marylandpublicschools.org/regulations>

I have read the regulations for Large Family Child Care Home Registration, COMAR 13A.18.01-.16. If I am registered, I agree to abide by those regulations, which include, but are not limited to, the following requirements:

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

I understand that I must submit all documents required by the OCC to the Regional Office before my application can be approved. The information that I have given on this entire application form and on all other required application documents is true, correct, and complete to the best of my knowledge. **I understand that submitting an application is not an authorization to provide childcare services. I understand that I may not operate a childcare facility until I receive a certificate of registration from the Office of Child Care.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date