



OUR COMPLETE 2023-2024 ENROLLMENT PACKET

(New Parents to Themba Only)



Themba Creative



Early Learning Center

Children's File Checklist

Date _____

Dear _____,

Your child's file is missing the following documentation.

Please return the attached copies by _____

Your child _____

may not return to care after that date if the required documentation is not available.

Documentation Needed	Missing	Update Required
Emergency Card		
Authorization to treat a Minor		
Health Inventory Parts 1 & 2		
Headlines From Home		
Immunizations		
Enrollment Agreement		
Lead Testing Form		
Consumer Pamphlet		
New Parent Orientation Checklist		
Receipt of Parent Manual		
Tuition Express Payment Option Forms		
Copy of A Valid Driver's License (Parent or Guardian)		
Discipline Policy		

Thank you for your cooperation!

If you have any questions regarding this, please contact me at 301-552-5437.

Themba CLC Discipline & Positive Guidance Procedures

Professionals who work with young children expect to be met with challenging behavior from time to time. During the first five years of life, children are just beginning to learn how to handle their intense emotions and conform to the behavioral expectations of society. As parents know, this is a lengthy process. It is also a central aspect of children's social and emotional development that can be guided using strategies based on research into early brain development.

All staff working at Themba will receive training before working with children. The training will continue every two years. If an employee is suspected of violating this discipline policy, the person will be suspended/terminated. Child Protective Services (CPS) and the Office of Childcare will independently investigate the allegations.

In early care and education setting, we define challenging behavior as any behavior that:

- interferes with children's learning, development, and success at play;
- is harmful to the child, other children, or adults;
- puts a child at high risk for later social problems or school failure.

The behavior can be direct (e.g., hitting, pushing, biting, kicking) or indirect (e.g., teasing, ignoring rules or instructions, excluding others, name-calling, destroying objects, or having temper tantrums).

Themba's staff sees working with children's challenging behavior as integral to our job. The root meaning of the word *discipline* is "instruction" or "training." This meaning, rather than punishment, is the foundation for our approach to guiding children's behavior. We accept that young children will sometimes display their emotions or try to achieve their goals in unproductive or immature ways. That is simply part of being very young. Much of children's most valuable learning, especially in a group setting, occurs in the course of behavioral problem-solving. The approaches we use vary by age group but have the following elements in common:

- **Adults model positive behavior** -- We show that we can accept, control and express feelings in direct and non-aggressive ways. We let children know we are not afraid of their intense emotions and will not punish, threaten or withdraw from them.
- **Teachers design the physical environment to minimize conflict** -- We provide multiple of toys and materials for groups of children, define classroom and outdoor areas clearly to allow for both active and quiet play, and strive to maintain an appropriately calm level of stimulation.
- **Teachers maintain age-appropriate expectations for children's behavior** -- We attempt to minimize unreasonable waiting and transition times. We limit the length of a large group and teacher-directed activity times according to children's developmental

levels. We give children large blocks of uninterrupted time to make their own activity choices.

- **Teachers establish simple rules, or expectations, for the classroom community --** Older preschool children participate in this process early in the school year. When issues arise, adults and children can reference the “Be safe, Be kind, Be respectful” guidelines as reminders about what kinds of behavior facilitate life in a group setting.
- **Adults closely observe and supervise children's activities and social interactions --** With our high ratios of adults to children and our emphasis on attentive observation, we can often intervene to guide children before situations escalate.
- **Adults help children verbalize their feelings, frustrations, and concerns --** The staff will help children describe problems, generate possible solutions, and think through logical consequences of their actions. Babies will hear their caregivers describe actions, problems, solutions, and logical consequences. The adult role is to be a helper in positive problem-solving. We want children to value cooperation and teamwork. We help them to learn peaceful, productive approaches to interacting with peers.
- **Children whose behavior endangers others will be supervised away from other children --** This is not the same as the practice of using a "time out" (the traditional chair in the corner) for a child. An adult will help the child move away from a group situation. The child will then verbally process the problem with the staff member and other concerned parties. An adult will stay close to any emotionally out-of-control child who needs private time to regain composure.
- **Discipline, i.e., guidance, will always be positive, productive, and immediate when behavior is inappropriate --** *No child will be humiliated, shamed, frightened, or subjected to physical punishment or verbal or physical abuse by any staff member working at Themba.* Every Teacher understands and follows our disciplinary approach and the standards on guidance and management in our Office of Child Care Licensing Regulations. We work with our families so that they also understand and employ this guidance approach.
- **If an employee suspects a teacher is violating this disciplinary policy.** The employee must immediately notify the center’s director or the Office of Childcare.
- When a pattern of behavior persists that endangers self, others or property or significantly disrupts the program; we will work with a child's family to find solutions, up to and including referral for outside services.

Parent Signature : _____ Date: _____



6715 Cipriano Road, Lanham- Maryland 20706
Center: 301-552-5437 | Fax: 301-552-7565 fax www.thembacdc.com

New Parent Orientation Check List

- ___ Discussion of Health and Developmental Screening
- ___ Introduction to key employees
- ___ Receipt of parent handbook (download from website)
- ___ Discussion of expectations of family and the needs of the child
- ___ Discussion of the legal parent/legal guardian and teacher role
- ___ Extended visit in the classroom by both parent and child
- ___ Overview of family support resources and policy and procedures
- ___ Interpreter available if needed
- ___ Opportunity for Extended Visit in the classroom by family
- ___ Family Visit with classroom teaching team
- ___ Agree to the potty training routines
- ___ Technology Usage
- ___ Tour of Facility

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

Child's Name _____ Age _____

Parent/Guardian
Acknowledgement Of
Receipt of Parent Manual

I have received Themba Creative Learning Center LLC, **Parent Manual** and I have agreed to read, had an opportunity to ask questions about, understand, and willing to abide by, and follow the policies set forth herein. _____ initial

Children Transport to and from evacuation sites in case of emergency:

In case of an emergency, I give Themba permission to transport my child in personal vehicles to and from our designated evacuation site. I therefore acknowledge that I have received and read Themba's Emergency Preparedness Plan.

Yes____No____

If not, how would you like your child transported?

Additionally, I would like to volunteer by helping with transporting children to the evaluation site during emergencies.

Yes____

No____

If yes, kindly provide us with your best reachable contact number

() _____ - _____ | (type) Cell _____ Home _____ Work _____

Email Address _____

Signature of Parent(s)/Guardian(s)

Print Name

Date

Themba Creative Learning Center LLC

Infant/Toddler Individualized Plan

This plan should be completed with the parent and the teacher before a child starts Themba CLC. It is very important that this plan is completed every 3 months in order for us to provide outstanding services to our families.

Sleeping Patterns:

Eating Patterns:

Changing Patterns:

What does your child like and dislike?

Please list any special requests that you would like for us to provide to your child. (Please continue on back)

Teacher's Signature_____Date_____

Parent's Signature_____Child's Name_____

Mandatory Themba Uniform Policy

Ages 2-4 yrs | Monday-Friday

- ❖ **Navy blue dress, skirt, or bottoms (no jeans)**
- ❖ **Navy blue sweater (optional)**
- ❖ **Powder blue, navy, or white collared top
(no tee shirts)**
- ❖ **Closed-toe, no tie, black, brown, or blue
shoes only ****

If your child is not in uniform, you will be asked to pick your child up or bring the uniform to the center in a timely manner.

Children do not wear uniforms during the summer months

2023-2024 Children Supply list

TWOS/TODDLERS

- ✓ 3 sets of clothing
- ✓ 3 pair of socks
- ✓ 2 fitted crib sheets:
- ✓ Bedding must be in a zip lock tote bag. No plastic bags allowed
- ✓ 1 blanket
- ✓ Pampers - we provide
- ✓ 2 boxes of large Crayons
- ✓ 1 Crayon box (Two's only)
- ✓ 1 paint smock or oversized shirt
- ✓ 1 small picture of your child and a family picture
- ✓ 2 boxes of tissues
- ✓ Face Wipes (Included)
- ✓ Glue Sticks
- ✓ Reusable Water Bottle
- ✓ 2-packs of Lysol wipes
- ✓ NO GLASS BOTTLES or CONTAINERS

No Belts

No Onesies (Including undershirts) No Overalls



**Please label all of your child's belongings.
THIS IS A MUST!!**



2023-2024 Children Supply list

Pre-K

- 3 sets of clothing please include underclothes
- 1 small blanket and 2 crib sheets
(Bedding must be in a ziplock tote bag. No plastic bags allowed)
- 2 boxes of **large** Crayons and crayon box
- 1 paint smock or oversized shirt
- 1 small picture of your child and family members
- 2 boxes of tissues
- Closed toe black shoes only no flip flops
- Glue sticks
- Large Beginners Pencils (Ticonderoga)
- 1 pair of Child Scissors
- 2 folders –2 composition notebooks
- 1 pack of facial wipes
- 1 pack of flushable wipes
- Reusable Labeled Water Bottle
- Pull ups if child isn't potty trained

Please label all of your child's belongings.

THIS IS A MUST!!



2023-2024 Children Supply list

THREES

- 3 sets of clothing please include underclothes
- 1 small blanket and 1 crib sheets
(Bedding must be in a ziplock tote bag- No plastic bags allowed)
- 2 boxes of **large** Crayons
- Crayon box
- 1 small picture of your child and family members
- 2 boxes of tissues
- 1 pair of Child Scissors
- Facial wipes (Included)
- 2 packs of flushable wipes
- Pull ups if child isn't potty trained
- 2 Composition Notebooks 2 Folders
- Reusable labeled Water Bottles

**Please label all of your child's belongings.
THIS IS A MUST!!**



2023-2024 Children Supply list

INFANTS

3 sets of weather appropriate clothes
5 extra onesies and undershirts for accidents 5
pair of socks
2 portable crib sheet (**birth to 11 months**)
2 infant size standard crib sheets (**11 months -18 months**)
Pamper/Wipes are included
Baby food/milk formula please prepare at home
Bottles should be glass covered with a silicone
sleeves to prevent breaking or plastic baby
bottles/sippy cups that are labeled “**BPA**” free
Small picture of your child and a family picture 5
Bibs (cloth and plastic)
5 Burping cloths
2 Pacifiers with a holder
2 boxes of tissues
2 packs of lysol wipes
1 small bin container (Please see image below)



***Parents must make the child's crib on Mondays..**

***All supplies are due by the first day of school.**



**Please label all of your child's belongings.
THIS IS A MUST!!**



Themba Potty Training Agreement

- Δ Follow Themba's Potty Training routines
- Δ Understand the signs of being ready to potty train
- Δ Child wears loose-fitting clothing (easy to pull up and down)
- Δ Provide the school with a minimum of 3 changes of clothing
- Δ No overalls, onesies, or T-shirts with snaps between the legs
- Δ Positive reinforcement must be continued at home

Wearing Underwear

- Δ Children cannot start wearing panties or underwear until the teacher has discussed the transition with the parent
- Δ The parent must have started successfully potty training at home and agree to the above rules

Toilet Learning Readiness

Verbal Stages of Readiness

- Δ The child is able to speak in three or four-word sentences.
- Δ The child tells you he/she has a wet diaper and recognizes when he/she is wet.
- Δ The child tells you he/she is wet and recognizes the sensation of being wet.
- Δ The child tells you he/she is wet and can use the potty.

Physical Psychological Signs of Readiness:

- Δ Stays dry for a long time.
- Δ Can recognize when the pull-up is soiled or wet.
- Δ Have bowel movements at regular times.
- Δ Can undress and pull up your own pants.
- Δ Initiates in using the toilet and asks to wear underwear
- Δ Wants to be independent
- Δ Child is emotionally ready and is open to learning
- Δ Can follow 1-2 step directions
- Δ Can use consistent words or gestures to communicate
- Δ Is able to physically get to the potty and sit on it without help.

Parent's Name _____ Date _____

Child's Name _____ Age _____

Themba Creative Learning Center

ENROLLMENT AGREEMENT

TO THE PARENT: Please read this Agreement carefully. If you do not understand any part of it, feel free to ask the Center Director about it. This Agreement and its attachments establish your legal rights and responsibilities, and those of **Themba CLC**, regarding your child's participation at **Themba CLC**. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parents or legal guardians of the child enrolled at the Center, and the terms "Center" and "we" refer to **Themba CLC** and its staff members. The term "school day" means a day when the Center is open and operating.

By executing this Agreement, You _____, agree to enroll
(parents or guardians)

your child, _____ at **THEMBA CLC**, and **THEMBA CLC** agrees
to
(name of child)

accept your child's enrollment, under the terms and conditions as stated below:

Program and Hours of Care.

Beginning on _____, 20____, the Center will provide care for your child in the
_____ classroom with the following schedule:

Please circle hours of care needed/ **only 9 hours per day 7:30-4:30 | 8:00-5:00 | 8:30-5:30**

other _____ Initial parent _____ Initial Director _____

Part-time: Circle Days: Mon. | Tues. | Wed. | Thurs. | Fri (No part-time care for infants/toddlers/twos)

Please do not drop off before the contractual agreement due to staff/child ratios that must be maintained in the morning hours prior to the arrival of additional staff. _____ Initial

Note: Children can only be in school for a maximum of 9 hours per day _____ (Initial). The fee is an additional \$50 per week if a parent needs more than 9 hrs of care _____ (Initial) If a parent fails to pick up at the contractual time, the late fee will automatically be charged to the account that day. Please review the late fee policy. (Initial) _____

Payment

- a. Registration Fee. A non-refundable Registration Fee of **\$150 per child** is due and payable on the date of the orientation. Registration is renewed annually by August 1st for September enrollment. To get on our waiting list, there is a two-week deposit due to guarantee a slot -with a two- months waiting period.

The deposit to hold a spot is nonrefundable.

- b. Enrollment Deposit. A two-week deposit is used to hold a spot once a space becomes available in the assigned classroom. The Deposit will go towards the first two weeks of care. ____ Initial

c. Tuition

Tuition for your child will be \$_____ per week. Weekly tuition is due each Friday before 10:00 am. If Weekly tuition is late, there will be a \$10.00 per day fee after noon on Monday.

Method of Payment

All tuition payments are made through our automated payment processing, **Tuition Express (See forms Attached)**. Your payment processing may be set up through a credit card or bank draft. No other payment methods are accepted. If an automated payment is returned unpaid, you will owe a service fee of \$35.00 in addition to other amounts due. All Credit Cards Payment options will incur a \$2.00/per week processing fee. ____ Initial

If you use your Bank Account Info, It's (Free) ____ Initial

Late Fees, Suspension, and Termination for Late Payment

A late fee of **\$10.00 per school day** will be charged every day by noon if your week's tuition is not paid by the due

date as required in the enrollment agreement. The due date for tuition is **Friday**. Your grace period is **Monday by noon**. If the Center has not received your tuition by the due date for your weekly tuition by Wednesday, the Director may refuse to admit your child to the Center until you pay the amount due.

The Center also reserves the right to terminate your child's enrollment for non-payment. You hereby agree that, if **Themba CLC**, has to take collection action to collect unpaid fees, you will be responsible for all accrued late charges until the date collected, and for reasonable collection costs, including attorney's fees. Initial

Late Pick-Up Penalties.

If your child is picked up after your contractual time, you will owe a late fee of \$25.00 for up to the first 5 minutes and \$2.00 for each additional minute. These late pick-up penalties will be added to your Procure account. If your child is picked up more than thirty (30) minutes late two (2) or more times in any thirty (30)-day period, the Center may terminate your child's enrollment.

Damage to Center Property.

You hereby agree that you will be responsible for any damage to Center property or equipment caused by you or your child, normal wear and tear excepted, including repairs made necessary by your actions or your child's actions.

Changes in Tuition.

You understand that tuition rates are subject to change, and you agree that you will pay the new rate after the Center gives you at least thirty (30)-days notice of such change.

Parent's Signature _____

Absences.

You are responsible for paying full tuition for your child until YOU TERMINATE the enrollment. This obligation is applicable even when your child is absent due to **illness**, vacation, holidays, inclement weather or other causes. You agree to notify the Center in writing at least one month in advance if your child will not attend due to vacation or other plans.

Initial

Readmission After Illness.

State licensing regulations require that, if your child has been ill, he or she may not be readmitted to the Center until he or she is free of symptoms for 24 hours without any fever-reducing medications. Children must return with a doctor's note if there was a fever. You hereby agree to abide by this requirement and agree that the decision of the Center's Director shall govern such readmission. ____Initial

Some communicable diseases may cause a longer time period for the child to be absent in order to protect the health of the staff and children such as hand, foot & Mouth, the flu, RSV and Bronchitis . The center will dictate the time frame the child must stay home regardless of the doctor's timeline. Initial

Medication: Themba does not apply any sunscreen, eye drops or bug repellent to children with or without a doctor's note. Only parent(s) may apply when such is needed. Parents must give the first dose of prescribed meds. ____Initial

Holidays and Other Closings.

The Center will be closed on the following holidays: New Year's Day, Martin Luther King, Jr. Birthday, Columbus Day, Presidents' Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, The day before and after Thanksgiving Day, and the day after, Christmas Eve Until January 3rd. If any holiday falls on a Saturday or Sunday, **Themba** may be closed on the following Monday. **Themba** is also closed 2-3 days per year for staff professional development. Tuition is due in full for these days. Initial

**** Themba is not a religious school; therefore, Themba doesn't single out any one religious holiday to celebrate in our classrooms in order to show respect for other religious holidays that may be celebrated by our families.**

_____Initial

Inclement/Emergency Closings

Themba will follow PG County Public Schools Inclement Closings or Delayed Schedule. Please watch the local NEWS for updates. Tuition fees are still due during an emergency and/or inclement weather closings. _____
Initial

Suspension

In the judgment of the Center Director, if the child's behavior threatens the physical or mental health of other children or of the staff of the Center, the Center Director will call the parent(s) or guardian(s) to remove the child for the rest of the day. **THEMBA** requires that the child be picked up within the hour of being notified. Parents or guardians shall continue to be responsible for the daily tuition for that day.

Withdrawal by Parent

You must give the Center Director at least one month's notice in writing if you wish to withdraw your child from the Center. If you do not give such notice, you will still be responsible for your entire last 30-days of tuition plus any previously unpaid balances. *Please remove your child's personal belongings from the center within **48hrs** of disenrollment. Themba will not be responsible for any items left behind. _____Initial

Termination by Center

(1) The Center may terminate your child's enrollment in the Center, effective immediately if any of the following conditions arise: In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of other children or of the staff/parents of the Center;

~~(2) Tuition is not paid on or before the fifth calendar day of the month if tuition is paid monthly, or by Wednesday at noon if tuition is paid weekly;~~

(3) The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two or more times in a one-month period.

(4) The child is ill when brought to the Center more than three (3) times within any thirty (30)-day period or the parent fails to pick up a sick child within one hour after being notified of the sickness more than two (2) times during any six (6) month period.

In the judgment of the Director, if the Center's program does not meet the developmental or special needs of your child or You fail to abide by the terms of this Agreement, enrollment will be terminated _____Initial

Additional Reminders:

Inclement/Emergency Closings:

Themba will follow PG County Public Schools Inclement Closings or Delayed Schedule. Please watch the local NEWS for updates.. _____Initial

No Cell Phone Zone For All

Themba has a no cell phone zone! Parents please refrain from using your cell phone at Themba during pick up and drop off. Teachers have very limited times to communicate with you, so please be available to chat with them about your child's day. _____ Initial

Fraternizing Policy

Staff are not allowed to create personal relationships with parents outside of Themba's business hours. If a staff member does decide to fraternize with any parent that is currently enrolled at Themba, that staff

member and the parent will be terminated immediately. ____Initial

Hair Beads

NO Hair Beads Policy– Due to the number of beads that are found on the floor and in children's mouths and noses, we have been forced to implement a NO HAIR BEADS policy for the center. If a child comes to school with beads in their hair we will call the parent to pick up the child. Hair Beads can pose a life threatening danger to young children. ____Initial

(Before/After Care Students who are currently in public school are exempted from this policy).

9-Hour Rule

Children's maximum number of hours at Themba is 9 hours. I understand that I will be charged an additional \$50.00 per week if my child stays over the contractual agreement or I will be charged a late fee as outlined in this agreement ____Initial

Safety

For Safety reasons, please do not hold the front door open for anyone. Every parent must use his or her code to enter the building. If the person doesn't have a code, please allow the person to ring the doorbell and show their ID. ____Initial

Parking/ No Idling

Please do not park or stand in the fire lane or around the circle. All cars must be parked in a parking space to allow parents to exit the parking lot without being held up. ____Initial

Parents or Staff may not leave their car running with no one in the car for more than 30 seconds while dropping off or picking up. ____Initial

No Admittance after 10:00 am/ Shots

Children will not be admitted after 10:00 am without a doctor's note. If a child was administered shots during the doctor's visit, the child may not return to school due to complications from the shots and fever symptoms associated with the medicine that often makes the child irritable. ____Initial

No child will be admitted during nap time between 1 pm-3 pm, we highly recommend parents to schedule doctor's appointments during the early morning hours in order to get back to the center prior to nap time.

Parents are not allowed in the classrooms to cut down on the spread of germs. ____Initial

Field Trip Participation.

You acknowledge and agree that the Center's regular program includes field trips and other off-premises activities that involve transporting the children on public transportation, in chartered vehicles, or in vehicles that are driven by **THEMBA CLC** staff and parent volunteers. You will be asked to sign a separate Field Trip Permission Form for each excursion. **You acknowledge and agree that no alternate care may be available at the Center in case you do not wish your child to attend such field trips or field trips and that no tuition refund will be given in such case. We ask** Each parent **must** participate in and attend one field trip per year with their child(ren). ____Initial

If the Center Director or Senior Staff determines that the child needs individual attention, the parent(s)

may be requested to attend the field trip with the child, or the child may not be allowed to participate. No alternate care will be provided for any child that will not attend the trip (only pertaining to three's and four year old children) infants- twos are not expected to attend field trips without a parent due to their age.

15 b. **Child Custody/Separation/Divorce/Other Personal Issues**

Issues relating to child custody, separation and/or divorce, or other personal issues are between the parties involved and should not involve the School or its personnel. The School does not enforce custody agreements, nor does it facilitate supervised visitation. Teachers and administrators need to be focused on the children at the school rather than the outside personal issues of the families. If the Administration judges that a family's personal situation becomes or threatens to become a problem, this is grounds for immediate termination of enrollment. While we sympathize with families wrestling with these types of issues, the School needs clear "all or nothing" directions regarding who is allowed to pick up children. For example, "only mom is allowed to pick up" "only dad or dad's mother are allowed to pick up" or "both parents are allowed to pick up." If there is a custody arrangement regarding different parents picking up on certain days, and the wrong parent picks up, this is an issue to be taken up with a lawyer or the Court, not with the School. Initial _____ A child may not return back to Themba after a parent removes the child for visitation purposes _____ Initial _____

Publicity and Outside Consultants.

We ask for your permission for your child to be photographed or captured via digital imagery, or videotaped, for publicity, news purposes, Website Page, Social Media, and marketing and educational purposes? __Yes__ No

Liability Release.

THEMBA CLC maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against **THEMBA CLC** or any successor corporation, or against any officer, shareholder, employee, or agent of **THEMBA CLC**, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by **THEMBA CLC**, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless **THEMBA CLC**, any successor corporation, and any of the officers, shareholders, or directors of **THEMBA CLC**, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against **THEMBA CLC**, any successor corporation, its officers, employees, shareholders, or agents of **THEMBA CLC**, for the actual or alleged acts or omissions of you or your child(ren).

Certification That All Information Is Correct.

The following attachments form a part of this Enrollment Agreement. You hereby certify that you have accurately completed all the forms listed below and that you have read and agree to abide by all provisions of the Parent Handbook. You agree to notify **Themba** if there is any change in the information you have supplied on the forms listed below:

- a. Deposit Acknowledgment/Receipt
- b. Developmental History Form
- c. Pick-Up Release Form

- d. Custody Information Form if-applicable
- e. Emergency Information Cards (2)
- f. Authorization to Treat a Minor Form (notarized)
- g. Child Health Inventory and Immunization Record.
- h. Receipt of Parent Manual
- i. Government Issued ID
- j. TuitionExpress
- K. Applicatio

Severability/Unenforced Terms Not Waived.

If any term of this Agreement is declared invalid or unenforceable, it will be severed and all other terms will remain effective, and they will be construed as though the invalid or unenforceable term did not exist. If **Themba CLC elects** not to require that you comply with any term of this Agreement, **Themba CLC**, will not be deemed to have waived its right to demand compliance with said term at a later time.

AGREED TO

Parent's or Guardian's Signature_____Date_____

Parent's or Guardian's Signature_____Date_____

Center Director's Signature_____Date_____

Themba Creative Learning Center, LLC.
ACKNOWLEDGMENT OF ENROLLMENT DEPOSIT
To HOLD SPACE ONLY

The deposit guarantees you space for your child (or children) in the appropriate classroom(s) when space becomes available. Enrollment space is reserved and secured with a deposit for up to 2-months to the desired start date of enrollment.

Your deposit will be held for one day (48 hours) in order to allow parents to read through and understand the Enrollment Agreement. A signed Agreement returned within 48 hours ensures the child's place and commits the parent(s) to all policies and procedures. If this agreement is not returned within 48 hours, it is assumed that the child will not be enrolled. No space will be held and the deposit check will be returned.

If the Agreement is signed and the emergency contact form is completed and the parent decides to not enroll the child, the deposit is forfeited. _____(initial)

If a space is available immediately in the appropriate classroom, the parent(s) may fulfill all of the requirements as soon as possible, the same day if necessary, and the child may be enrolled in the class. Space is not held without a deposit. Your deposit is credited towards your first two weeks of tuition.

Be advised, that tuition rates are subject to change ANYTIME during the space-withholding period.

The deposit required to reserve a space is \$ _____. The child will be enrolled in the _____ Classroom.

A deposit in the amount of \$ _____ has been received from _____ to reserve a space for _____,
(Child's Name)

Deposit received on _____ at _____ (am/pm).
(Date) (Time)

This deposit will be held for two months from the time noted above. A signed Agreement must be returned within 48 hours to ensure your child's space.

I understand and agree with the above.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Center Director's/Assistant Director's Signature _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

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

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

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

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number



Automated Payment processing Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR **BANK ACCOUNT** ELECTRONIC FUNDS TRANSFER

I (we) hereby authorize Themba Creative Learning Center to initiate debit entries to my (our) Checking or Savings once per __Week or ____Month (check one option) in the amount of \$_____ against the account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name

Phone #

Address

City

State

Zip

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip

Checking ☐

Savings ☐

Routing Transit Number (see sample below)

Account Number (see sample below)

Signature

Date

For Official Use Only...

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of:		Attach Voided Check Here \$		
		Deposit slips not accepted Dollars		
123456789	1800338	0226		
Routing Number	Account Number	Check Number		

A service of





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AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize Themba Creative Learning Center to initiate recurring credit card charges once per _____ Week or _____ Month (check one option) in the amount of \$ _____ to the below-referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name

Phone #

Cardholder Address

City

State

Zip

Credit Card Number

Expiration Date

Signature

Today's Date

For Official Use Only...

Date Received

Employee Signature

A service of



- - - - - < Cut Here > - - - - -

FULL Credit Card Number

Expiration Date

Security Code (3 digits)

For Security, please...

☐ return this Section of the Authorization Form.

☐ Shred this Section of the Authorization Form.

Today's Date



Late Fee Pick-Up Policy Change Effective

Dear Parents:

Due to the large number of children remaining at Themba after closing, the following policy is effective within 30 days.

Themba Creative Learning Center closes at 5:30 pm. It is suggested that children be picked up by your contractual time. Children not picked by the agreed time will be brought into the front office to wait for their parents and the late pick-up fee will begin to be assessed.

Your child anticipates your arrival and becomes worried and anxious if his/her classmates have all been picked-up while his/her parents have yet to appear. Additionally, our staff puts in an entire full day at Themba; and understandably, they are ready to return to their families, and carry out their personal plans for the evening. It is unreasonable to impose such inconvenience upon them.

Out of respect to our staff and their time, please make arrangements to pick up your child before the close of business. Be advised that if you arrive after your contractual time, you will be presented with a late fee form, assessed for the total amount of time for your late arrival. **With no exception, LATE FEES ARE PAYABLE AT PICK-UP.**

Late fees are payable in cash, personal checks, or credit cards (with the appropriate processing fee). You will be asked to sign a late fee Pick-up Form at your arrival.

Late Fee Per Child: \$25.00 for up to the first 5 minutes
\$2.00 for each additional minute

Fees are payable directly to the office staff.

If a family has an emergency near the end of the day, such as a car breaking down an illness, or traffic jams, parents must first inform the Center, and then make alternate plans for pick-up. The late fee will be imposed even under emergency conditions.

After six incidents of late pick-ups, your child will not be able to attend the Center for the next day; additionally, your late pick-up record will be reviewed in consideration for future enrollment with THEMBA.

Refusal to pay assessed late fees or confrontational behavior towards our staff concerning the late fee assessments is strictly prohibited and will jeopardize your child's enrollment at THEMBA.

Signature_____ Date_____

RE: Healthy & Nutritious Meals/Snack Policy Since 2008

Themba Creative Learning Center provides nutritious breakfast/snacks and milk as part of your child's program. In addition, parents may decide to participate in a hot lunch program provided by Good Foods Catering Company or bring a healthy lunch from home.

Themba CLC promotes healthy eating habits and a positive attitude about food. Serving healthy food at preschool sets a great example for children and can be simple to prepare. Try to include at least 2 food groups for variety and balanced nutrition. Snacks/ Meals should be low in fat and sugar. Drinks may include milk, water, or 100% fruit juice.

Themba CLC is a nut-free school, please check labels accordingly and DO NOT bring any snacks/meals containing any nut products.

Prohibited Foods

The following potential hazards may not be included in children's lunches sent from home: hotdogs (neither whole nor pieces), nuts, popcorn, raisins, raw peas, corn, raw carrots, cheese blocks, hard pretzels of any size, or grapes. Meat must be cut in a portion that can be safely swallowed whole. ** Please see birthday celebration Guidelines about prohibited foods**

Also, in order to prevent injuries from breaking glass, please do not send drinks in glass bottles. Juice boxes are easy for the children to handle; "Capri Sun" foil containers are not.

Suggested food items are fruits & vegetables with low-fat dips, 100% juice, tortilla chips, and salsa, yogurt, fruit muffins, animal crackers, mozzarella string cheese, multi-grain chips, soft pretzels, pita bread chips, rice cakes, granola bars/no nuts, bagels, cereal bars, oatmeal meat, dry beans.

Themba will not allow any junk food including birthday cake or fast food to be consumed in the facility. Please serve your child before entering the center any fast food/junk food products. Sodas are not allowed in the center.

Please do not send candy. A child with candy in her lunch will be asked to place it back in her cubby/lunchbox until pick-up time. Teachers ask that on the rare occasion when you bring in food from a fast-food establishment, you take the toy and food out of the bag, and present the food separately on a plate. The bag and the toy can be kept in your care until you pick up your child at the end of the day.

References: USDA Child and Adult Care Food Program/NAC Accreditation



Healthy Foods For Celebrations

Please help us encourage lifelong healthy habits among our children. We encourage parents to join us for their child's birthday or other special occasions.

Typically, foods for the celebration include cupcakes, candy, cookies, and other "treats" that have a large amount of sugar, calories, and fat. There is nothing wrong with an occasional treat, but unhealthy choices have become the norm rather than the exception.

Please submit this form to the classroom teacher one week before your child's birthday party. All parties must start by 3:30 pm and end by 4:30 pm. Themba does not allow balloons since they are a major cause of choking in young children, **home-cooked food, cakes/cupcakes, or unhealthy snacks are also prohibited.**

The following is a list of alternatives our facility will allow for celebrations/special occasions that promote and reinforce good nutrition.

Please check all items you may bring to the party.

100% Juice boxes	Crackers
Tortilla chips and salsa	Flavored Milk
Yogurt	Cheese Pizza Only
Fruit Muffins	Crackers with cheese
Fruit Smoothies	Mozzarella string cheese pack
Dried Fruit	Decorations/paper products
Favors	Goodie Bags/No Candy
Pretzels	Entertainment Name
Fresh Fruit/Vegetable	Other
Animal Crackers	

** If you would like something other than the items listed above please speak with the director for approval. Submit to the teacher 2 weeks prior to the event.

Child's Name _____ Date of Party _____

Parent's Signature _____ Limit two outside guest _____

Teacher's Signature _____ Director's Signature _____



Guidelines for Healthy Celebrations

Please help us encourage lifelong healthy habits among our children. We encourage parents to join us for their child's birthday or other special occasions.

Our facility will only allow healthy foods for celebrations. If you feel that you want to provide "treats" for a special celebration here is a list of non-food suggestions:

Stickers	Decorative pencils
Little toys	Party hats/Favors
Erasers	Bubbles
Finger/hand puppets	Whistles
Glow in the dark items	RubberStamps
Party Favors	Fake Tattoos
Fake teeth	Toothbrushes

Before bringing items to the facility, make sure the items you wish to bring are approved and age-appropriate for the celebrating group.

Depending on the size and the number of children in your child's class, providing treats or gifts to all the children could become costly. Here is a couple of low-cost, easy ideas that will give your child a memorable experience on their special day:

- △ Decorate your child's classroom. Example: A banner with the child's name and "Happy Birthday." This will make your child feel special during the celebration/special occasion without adding unneeded fat and sugar in the diet.
- △ Take time to have a meal with your child at the center. This gives your child personal attention.
- △ Buy or supply a special book to be read during the day. Make it even more special by coming to your child's class to read the story.
- △ Plan and provide a special craft project for your child's class.

SHELTER –IN PLACE PROCEDURES

Dear Parents,

Due to the challenging times we are living in, we have added a new procedure to our school safety and security plan. This plan was designed with the help of MEMA (Maryland Emergency Management Agency), law enforcement, and public health officials.

Public health officials advise us that a shelter-in-place will help protect children from exposure to dangerous chemicals in the event of a biological attack, and the air becomes unsafe to breathe.

If dangerous chemicals are released in the community and pose a threat to children during the day, we would be directed by public health or safety officials to bring all children and staff indoors and to close and secure all doors and windows.

Public safety officials have informed us that the neutral atmosphere pressure created by these actions would create a barrier and help keep chemical agents from leaking into the building. This approach is proven to be safe, much safer than evacuating into contaminated outdoor environments.

During a shelter-in-place incident, our building would be secured and no people would be allowed in or out of the building until an all-clear signal is given by health officials. To ensure that we can adequately provide for all students in the event of an emergency, all parents must prepare an individual emergency kit for their child and send it ASAP. All items must be placed in a 2-gallon zip-lock bag.

EMERGENCY PREPAREDNESS ITEMS

(Place all items in a 2 gallon zip-lock bag)

PLEASE PUT YOUR CHILD'S NAME ON ALL ITEMS

Two, Three & Four Year Old	Infants/Toddlers Only
2-16oz bottles of water	Pack of diapers or pull-ups
1-Emergency Blanket Myler	2-Complete changes of clothes
1-Large Pack of Wet Ones	2-Bottles of juice
2-Cans of tuna fish with flip top, or similar item with a flip top that you know your child would eat straight from the can.	4-Cans of baby food
2-Packs of Crackers	4-Individual serving cans of baby formula(if your child is still using formula)
2-Cups of applesauce	1-Small comfy toy
2-changes of clothes and pull-ups	1-Pack of wet ones
2-Day supply of any medicine your child may be taking	

Before and After School Parents: please pack 2 bottles of water, crackers, non perishable canned foods with a flip top, a blanket, and a(2) day supply of medicine that your child may be taking.

Headlines From Home: Ages 2 and up

Child's Name _____ Child's Current Age _____ Date _____

Your Name _____ Your Relationship to the Child _____

1. What are your child's favorite activities at home?

2. What are some of your child's strengths?

3. Do you feel that the developmental needs of your child are being met?

4. Do you presently have any concerns about your child that you would like to discuss?

5. Is there anything away from our setting that may be affecting your child's behavior?

6. What learning and growth goals do you have for your child (short-term and/or long-term)?

7. Please list other topics or questions you would like to talk about.

MARYLAND STATE DEPARTMENT OF EDUCATION

Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

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

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

EXEMPTIONS

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

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

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

INSTRUCTIONS

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

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

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

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

Child's Name:			Birth date:		Sex
<div style="display: flex; justify-content: space-between;"> Last First Middle </div>			<div style="display: flex; justify-content: space-between;"> Mo / Day / Yr </div>		M <input type="checkbox"/> F <input type="checkbox"/>
Address:					
<div style="display: flex; justify-content: space-between;"> Number Street Apt# City State Zip </div>					
Parent/Guardian Name(s)		Relationship	Phone Number(s)		
		W:	C:	H:	
		W:	C:	H:	
Medical Care Provider	Health Care Specialist	Dental Care Provider	Health Insurance	Last Time Child Seen for	
Name:	Name:	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Exam:	
Address:	Address:	Address:	Child Care Scholarship	Dental Care:	
Phone:	Phone:	Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specialist:	
ASSESSMENT OF CHILD'S HEALTH - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.					
	Yes	No	Comments (required for any Yes answer)		
Allergies	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
ADHD	<input type="checkbox"/>	<input type="checkbox"/>			
Autism Spectrum Disorder	<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"/>			
Communication	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes	<input type="checkbox"/>	<input type="checkbox"/>			
Feeding/Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where, Why)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening/Anaphylactic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sensory Impairment	<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"/>			
Vision	<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? and/or for ongoing health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form.					
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
Does your child require any special procedures? (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.					
I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
Printed Name and Signature of Parent/Guardian					Date

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

Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>				Birth Date: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Month / Day / Year </div>		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
2. Does the child receive care from a Health Care Specialist/Consultant? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
3. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
4. Health Assessment Findings							
Physical Exam	WNL	ABNL	Not Evaluated	Health Area of Concern	NO	YES	DESCRIBE
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Dental/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding Device/Tube	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility Device	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition/Modified Diet	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical illness/impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Hematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:			
REMARKS: (Please explain any abnormal findings.) <div style="height: 40px;"></div>							
5. Measurements		Date		Results/Remarks			
Tuberculosis Screening/Test, if indicated							
Blood Pressure							
Height							
Weight							
BMI % tile							
Developmental Screening							
6. 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). https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms							
7. 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: _____							
8. Are there any dietary restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
9. RECORD OF IMMUNIZATIONS – MDH 896 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 896.)							
10. RECORD OF LEAD TESTING - MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms Select MDH 4620) Under Maryland law, all children younger than 6 years old who are enrolled in child care must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.							

Additional Comments: _____

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

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)

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

Lead Risk Assessment Questionnaire Screening Questions:

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

MEDICATION ADMINISTERED

Each administration of a medication to the child shall be noted in the child's record. Each administration of prescription or non-prescription to a child, including self-administration of a medication by a child, shall be noted in the child's record. Basic care items such as: a diaper rash product, sunscreen, or insect repellent, authorized and supplied by the child's parent, may be applied without prior approval of a licensed health practitioner. These products are not required to be recorded on this form, but should be maintained as a part of the child's overall record. Keep this form in the child's permanent record while the child remains in the care of this provider or facility.

[illegible]

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

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

CHILD'S NAME: _____
LAST FIRST MI

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

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

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

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

1.	_____ Name	_____ Title	Clinic/Office Name, Address, Phone
	_____ Signature	_____ Date	
2.	_____ Name	_____ Title	
	_____ Signature	_____ Date	

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

Lead Risk Assessment Questionnaire Screening Questions:

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

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

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

Parent/Guardian Signature

Date

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

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

How To Use This Form

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

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

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

Frequently Asked Questions

1. Who should be tested for lead?

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

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

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

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

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

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

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

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

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

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

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

Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/nursing/macche.html>

THEMBA CREATIVE

Early Learning Centers

Medical Authorization to Treat a Minor

Authorization is given to any one of the following:

**THEMBA CREATIVE Early Learning Centers and staff members acting as
agents of THEMBA CREATIVE Early Learning Centers**

From:

Full name of parent(s) or guardian of child

Address and phone number

to consent to unexpected or emergency medical and dental treatment and surgical care for
my/our child/children on my/our behalf, and to consent to hospitalization if, at time of injury
or illness, it is recommended by a private physician or consulting physician.

Name(s) of Minors	Birthdates	Allergies & Special Conditions
-------------------	------------	--------------------------------

1		
---	--	--

2		
---	--	--

3		
---	--	--

4		
---	--	--

I/We will be responsible for charges incurred for any emergency service, including; ambulance,
medical, dental or surgical treatment and/or hospitalization rendered by reason of this
authorization.

For further emergency Contact please provide Child's mother and father employer information:

Mother Employer _____

Address _____ City _____ State _____

Phone _____

Father Employer _____

Address _____ City _____ State _____

Phone _____

Signature of Parent

Date

Signature of Parent

Date

FAMILY INFORMATION

1

Name of child _____ DOB _____

Known allergies _____

Medications child is taking _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ Phone _____

Member's name _____

Identification Number _____

2

Name of child _____ DOB _____

Known allergies _____

Medications child is taking _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ Phone _____

Member's name _____

Identification Number _____

3

Name of child _____ DOB _____

Known allergies _____

Medications child is taking _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ Phone _____

Member's name _____

Identification Number _____

4

Name of child _____ DOB _____

Known allergies _____

Medications child is taking _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____ Phone _____

Member's name _____

Identification Number _____

Parent Guide
to regulated Childcare below

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

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

The Regional Offices investigate complaints to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at [CheckCCMD.org](https://www.checkccmd.org).

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

Resources

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

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

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

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

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

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

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

Wes Moore, Governor

Mohammed Choudhury,
State Superintendent of Schools

OCC 1524 (updated June 2023)

Parent's Guide to Regulated/ Licensed Child Care



Information About Child Care Facilities



Who Regulates Child Care?

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

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

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

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

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

What are the types of Child Care Facilities?

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

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

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

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

All facilities must meet the following requirements:

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

Did You Know?

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

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

Family Child Care Homes

- Up to 8 children may be in care at the same time if the home meets certain physical requirements. No more than 2 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 4 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; and
 - 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 (NOTE: the regulations are 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		
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 Co. Field Office	301-777-2385
	Garrett Co. 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

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated.

If you need additional help, you may contact the main office of the OCC Licensing Branch:

Program Manager, Licensing Branch
MSDE Office of Child Care
200 West Baltimore Street, 10th Floor
Baltimore, MD 21201
410-767-7805

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: _____

Child: _____

Child: _____

Child: _____

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

Date

Signature of Parent/Guardian