MARYLAND STATE DEPARTMENT OF EDUCATION Office of Child Care

ADDITIONAL ADULT APPLICATION APPLICATION FOR APPROVAL OF THREE OR FOUR INFANTS/TODDLERS

1.	Applying as an Additional Adult for:					
	Name of Registered Family Child Care Provider:					
	Address of Registere	d Home:		Apt. #:		
	City/Town:		Zip Code:	Phone #:		
2.	Name:		F: 4	N. 1 II		
				Middle	Maiden	
	If you have had any other names, please list them:					
	\square Female \square Male	Social Security #:		Date of B	sirth:	
3.	Home Address: Apt. #:					
	City/Town:		State	:Zip	Code:	
	Phone #:		E-mail addres	s:		
	Mailing Address (if different from home address):					
4.	If currently working, can you receive calls at work? \Box Yes \Box No					
	If Yes, give your work telephone number:					
5.	Have you ever been convicted of any criminal charge, or are you awaiting trial on any criminal					
	charge? ☐ Yes ☐ No If Yes, explain:					
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6.	Have you ever been reported for child or adult abuse or neglect? ☐ Yes ☐ No If Yes, explain:					
7.	Are you currently or have you ever been licensed, registered, or certified to provide child care in any					
	other county or state? \square Yes \square No \square If Yes, give name of county and state and dates of license					
	or registration:					
8.	Have you ever had a license, registration or certification for any type of care denied, suspended, or					
	revoked? Yes No If Yes, document when, where, and give a brief explanation:					
	APPLICANT'S STATEMENT					
	anderstand that I must submit all documents required by the Office of Child Care (OCC) to the CC Regional Office before my application can be approved.					
Ιι	understand the regulations can be viewed and printed from the following website:					
	http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/regulat					
se	have read the Family Child Care Regulations (COMAR 13A.15.0115). If my application to rve as an Additional Adult is approved, I agree to abide by those regulations, which include ut are not limited to) the following requirements.					
	a. To cooperate in any investigation regarding my application;b. To report all suspected cases of child abuse and neglect to the appropriate authorities;c. To maintain records required by the regulations;d. To permit unannounced visits by the Office of Child Care;					
	e. To supervise all children in care as required by Family Child Care Regulations.					
	ne information I have given on this entire application form and on all other required application ocuments is true, correct, and complete to the best of my knowledge.					
Si	gnature Date					