



**HARFORD**  
COMMUNITY COLLEGE



# FULL-DAY PRESCHOOL

## Early Learning Center

**2020-2021**

License #68435

443.412.2393

[www.harford.edu/ELC](http://www.harford.edu/ELC)

Dear Parents:

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

### Two-Year-Old Program

(Full-time)

**Tuition:** \$240 per week

**One-Time Materials Fee:** \$99

**Course:** 35151

### Two-Year-Old Program

(Part-time)

**Tuition:** \$180 per week

**One-Time Materials Fee:** \$99

**Course:** 35152

### Three-Year-Old Program

(Full-time)

**Tuition:** \$240 per week

**One-Time Materials Fee:** \$99

**Course:** 35153

### Three-Year-Old Program

(Part-time)

**Tuition:** \$180 per week

**One-Time Materials Fee:** \$99

**Course:** 35154

### Four/Five-Year-Old Program

(Full-time)

**Tuition:** \$240 per week

**One-Time Materials Fee:** \$99

**Course:** 35155

### Four/Five-Year-Old Program

(Part-time)

**Tuition:** \$180 per week

**One-Time Materials Fee:** \$99

**Course:** 35156

The Early Learning Center is open 6:30 AM–6 PM, Monday–Friday.

You have the option of full-time preschool (4 days per week or more) or part-time preschool (3 days per week or less; must be consistent days each week).

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

Complete and return all of the following to register:

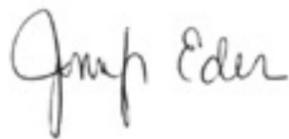
1. Signed Policies and Procedures Form
2. Billing Form
3. Registration Form
4. Waiver
5. Non-refundable payment of two weeks tuition
6. Non-refundable materials fee

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

1. Emergency Form
2. Parent's Guide to Regulated Child Care Acknowledgment Form
3. Student Information Sheet
4. All About Me Form
5. Health Inventory Form with Lead Addendum and Immunization Record (signed by doctor)
6. Cot/Diaper Permission (if applicable)
7. Enrollment and Liability Release

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

Sincerely,



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

## HCC Early Learning Center (ELC)

### Welcome!

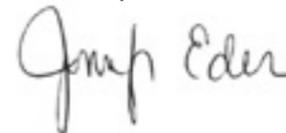
Welcome to the HCC Early Learning Center!

HCC is delighted that you have chosen to enroll your child in our program. Here are some helpful hints that should get your child off to a great start:

1. The following information must be completed and submitted to the Director prior to your child's first day:
  - Registration Form with Materials Fee
  - Payment for Two Weeks of Care
  - Enrollment Form
  - All About Me Form/Student Info Sheet
  - Enrollment/Liability Release
  - Registration Agreement
  - Emergency Card
  - Cot/Diaper Permission (if applicable)
  - Parent's Guide to Regulated Child Care - Acknowledgment Form
  - New Health Inventory Form with Lead Addendum and Immunization Record
2. On your child's first day, please bring the following items labeled with your child's name:
  - Quiet time bedding (crib-sized sheet, travel-size pillow, small blanket – stored in a zippered bag or small duffel bag)
  - Diapers and wipes (if child is not yet potty-trained)
  - Shoebox-sized plastic container with a complete change of seasonal clothing inside
  - A nutritious, packed lunch (with nothing to heat up, please) if you arrive after 10:00 AM
3. Tuition payments are due every Friday for the following week of care. Payments must be made by check, money order, or credit card and should be made out to HCC and include child's name and H-ID number. **A late charge of \$35 will be applied to any account not paid in full by the due date.**
4. Your child will be assigned a cubby and a mailbox. When you drop off your child, please sign in, put your child's belongings in his or her cubby, and escort your child to the classroom. When you pick up your child, please sign out, collect items from the cubby, and check his or her mailbox for information/projects to be sent home.
5. Outside each classroom, you will find a parent board with information on our menu, curriculum, lesson plans, and daily routines.
6. Please do not bring toys from home into the Center. We provide plenty of activities for your child to enjoy.

Thanks again for enrolling your child in our program. Please contact the Early Learning Center Director, Jennifer Eder, at 443.412.2393 if you have any questions or concerns.

Sincerely,



Jennifer Eder

# HCC Early Learning Center (ELC)

## What to Expect

### What To Expect From Preschool

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

### Our Preschool Program Encourages Children To:

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

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

- **Arrival**—Choose learning center activities.
- **Breakfast**
- **Opening exercises** using children's names, calendar, and pledge
- **Introduction** to the day's activities
- **Learning Centers/Small group activity** including art, music, dramatic play, science, social studies, math, or reading readiness
- **Outdoor play/activity room**
- **Lunch**
- **Nap or quiet time**
- **Snack**
- **Story time, songs, finger plays**
- **Table time/Centers**
- **Dismissal**

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

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

## A PARENT'S GUIDE TO REGULATED CHILD CARE

Important Information for Parents of Children in Child Care Facilities

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

[www.marylandpublicschools.org/MSDE/divisions/child\\_care/child\\_care.htm](http://www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm)

### This Section Provides Information About:

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

### Who Regulates Child Care?

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

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

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

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

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

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

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

- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that is appropriate to the age, needs and capabilities of each child.
- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. Corporal punishment of any kind is strictly prohibited.

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

### Family Child Care Homes

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

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

### Child Care Centers

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

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

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

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

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

### Your Rights and Responsibilities as a Child Care Consumer

You have the right to:

- Expect that your child's care meets the standards set by Maryland's child care licensing regulations:  
Available online at [www.marylandpublicschools.org/MSDE/divisions/child\\_care/regulat](http://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	<b>410.514.7850</b>
2	Baltimore City	<b>410.554.8300</b>
3	Baltimore County	<b>410.583.6200</b>
4	Prince George's County	<b>301.333.6940</b>
5	Montgomery County	<b>240.314.1400</b>
6	Howard County	<b>410.750.8770</b>
7	Western Maryland Hagerstown - Main Office Allegany County Field Office Garrett County Field Office	<b>301.791.4585</b> <b>301.777.2385</b> <b>301.334.3426</b>
8	Upper Shore Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties	<b>410.819.5801</b>
9	Lower Shore Somerset, Wicomico, and Worcester Counties	<b>410.713.3430</b>
10	Southern Maryland Calvert, Charles and St. Mary's Counties	<b>301.475.3770</b>
11	North Central Cecil and Harford Counties	<b>410.272.5358</b>
12	Frederick County	<b>301.696.9766</b>
13	Carroll County	<b>410.751.5438</b>

### Dear Parent/Guardian:

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

Child's Name

Child's Name

Child's Name

Child's Name

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

Date

Signature of Parent/Guardian

# HCC Early Learning Center (ELC)

## Full-Day Preschool Program Financial Statement

### Tuition/Fees

Registration must be completed each year, and an annual registration fee must be paid. Payment for tuition is due on the Friday before the following week of care.

### Payment Policies

Payment can be made by check, money order, or credit card. Please put your child's name and H-ID number on the check or money order. Make check or money order payable to Harford Community College (HCC). Credit cards may be swiped weekly in the ELC front office. Payments may be made in the ELC office or placed in the ELC drop box. A receipt will be provided only upon request. Payments may also be made by calling the Cashier's Office at 443.412.2208.

### Late Payment Policy

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

If payment is late, then parents will receive a letter concerning late payments and a date for termination of services if payment is not received. To avoid disruption of service, your account must be made current by the final termination date, and you must provide receipt of payment to the ELC Director or opening staff before your child will be admitted into care.

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

### Bad Checks

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

### Change in Tuition

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

### Closings/Absences

There is no reduction in fees if a child is absent from the program or if the site is forced to close due to circumstances beyond our control.

We will be closed for two weeks of the year, winter break and spring break. You will not be charged for those weeks.

### Late Pick-Up Charge

Late fees begin at 6 PM and are assessed as follows: \$10 for the first five minutes and \$5 for each 5-minute period thereafter or fraction thereof. Please remember to call the Center to inform the staff of the delay. Parents/guardians who are late will be presented with a Late Charge Slip, and asked to sign/verify the late balance being assessed. Parents/guardians are responsible for paying the accrued late charges by the close of the next business day.

### Withdrawal Policy

To discontinue the billing cycle, a written withdrawal letter must be completed by the parent/legal guardian and received by the Center Manager **two weeks prior to withdrawal**. The deposit will be forfeited and no refunds will be given for the week in which a student is withdrawn—no exceptions.

In order to better serve our ELC families, we require that each family wishing to hold their place during the summer months pay the equivalent of one week's tuition as a non-refundable fee. This will ensure your child's slot in the fall semester.

# HCC Early Learning Center (ELC)

## Full-Day Preschool Program Billing Form

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

### Billing Information

#### Parent/Legal Guardian Responsible for Payment

Name

Social Security Number

Address

City, State, Zip

Phone (Home)

Phone (Work)

### Billing Policy

Registration must be completed each year and an annual material fee must be paid. Payment for tuition is due on the Friday before the following week of care. Payment can be made by check, money order, or credit card. Credit cards may be swiped weekly at the Early Learning Center front office. Care may be terminated if account is past due. A late charge of \$35 will be applied to any account not paid in full by the due date. Please see the HCC Financial Statement for details regarding payment policies and procedures. Payments may also be made by calling the Cashier's Office at 443.412.2208.

### Delinquency Policy

I assume responsibility for the above information, registration, and/or changes. Should my tuition charges become past due and sent to collections, I will be responsible for the collection costs. After 21 days of non-payment, I will be asked to remove my child from the program.

#### Check One Tuition

- 2-year-old (FT) \$240  
(Circle Days) M T W TH F
- 2-year-old (PT) \$180  
(Circle Days) M T W TH F
- 3-year-old (FT) \$240  
(Circle Days) M T W TH F
- 3-year-old (PT) \$180  
(Circle Days) M T W TH F
- 4/5-year-old (FT) \$240  
(Circle Days) M T W TH F
- 4/5-year-old (PT) \$180  
(Circle Days) M T W TH F

Total Weekly Rate \_\_\_\_\_

Start Date \_\_\_\_\_

### Withdrawal Policy

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

Parent/Legal Guardian Signature

Date

# HCC Early Learning Center (ELC)

## Policies and Procedures

Harford Community College's Early Learning Center is a year-round preschool program that includes an academic curriculum. Our goal is to encourage children to develop socially, emotionally, and intellectually while gaining a positive self-image. The balanced curriculum includes music, art, crafts, story time, drama, science, math, and language arts.

We offer full and partial week preschool for two-, three-, and four-year-old students. Our Center is open from **6:30 AM until 6 PM, Monday through Friday** (Summer hours, 6/22-8/18, are 7 AM until 5:30 PM. The ELC will be closed 8/14, 8/19-21 for professional development.) Partial week care is defined as child care for three consistent days per week or less.

In addition to full-day preschool, we also offer half-day preschool. Please inquire by contacting our Early Learning Center Director Jennifer Eder at 443.412.2393 if you would like more information about this program.

Our HCC Early Learning Center is licensed by the Child Care Administration as a preschool program. We utilize the MSDE-Approved Creative Curriculum.

### 1. Policies of Admission

Registration is accepted on a first-come, first-served basis. There must be sufficient enrollment in order to run each class. If for any reason enrollment is not sufficient, your child's class may be combined with another class in accordance with MSDE Office of Child Care regulations. Medical forms including immunization and lead screening must be returned before your child begins classes.

### 2. Toilet-Trained

If your child is not potty-trained, you must sign a waiver that allows HCC to use bathroom wipes, if necessary.

### 3. Transportation

Transportation is not provided by the program.

### 4. Communications

A newsletter is sent home or emailed at the beginning of each month. It contains information

regarding book clubs, school closings, special events, and topics covered during that month. In addition, a bulletin board outside the classroom will contain announcements, menus, and information concerning the program.

### 5. Personal Items

Please send a plastic shoebox containing a complete change of clothes (shirt, pants, underwear, and socks). This will need to be checked periodically due to size and season changes. All items sent to school should be labeled with your child's name. This includes coats, hats, and sweaters. Other personal items needed are:

- Quiet time bedding (crib-sized sheet, travel-size pillow, small blanket – stored in a zippered bag or small duffel bag)
- Diapers and wipes (if child is not yet potty-trained)
- A nutritious, packed lunch (with no peanut products and nothing to heat up, please) if you arrive after 10 AM. Please leave all other personal items at home. This includes backpacks, toys, money, candy, gum, jewelry, etc., unless specifically requested.
- Shoe policy: Please allow your child to wear only sneakers to school. No flip-flops, Crocs, or sandals.

### 6. Snacks

If your child has food allergies, please be certain to record them on your child's health forms. Check the snack schedule—if the snacks are not acceptable, please provide your child's peanut-free and/or gluten-free snack. If you choose, you may provide pre-packaged treats such as cupcakes to celebrate your child's birthday. Please notify the teacher a week in advance if you plan to do this. No presents please.

### 7. Conferences

The teacher will be happy to discuss any questions concerning your child in private. Please do not attempt to discuss your child during class time. Please send a note with your child to schedule a convenient time. Parent/teacher conferences are scheduled during the second half of the year to discuss your child's progress.

### 8. Field Trips

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

### 9. Illness

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

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

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

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

**Emergency Medical Treatment** – In the event of an emergency, College personnel will notify the parent/guardian at the emergency phone number provided. The teacher/director reserves the right in his/her discretion to contact emergency medical personnel, if the situation warrants. This program does not offer nursing or medical services. Teachers are instructed in simple First Aid and CPR only. You MUST notify the program director if your child has any condition which would affect his or her participation in the program.

### 10. Arrival/Dismissal Procedures

Each student is to be escorted into the classroom upon arrival and picked up inside the classroom every program day by a parent or designated adult. Our center will open at 6:30 AM and close at 6 PM. Please follow classroom teacher's rules for dismissal policy. Parents need to sign and date the classroom

sign-in sheet each day as they arrive with their child and before they leave.

**Late Pick-Up Penalty: Late fees begin at the close-of-business and are assessed as follows: \$10 for the first five minutes and \$5 for each 5-minute period thereafter or fraction thereof. Parents who are late will be presented with a Late Charge Slip, and asked to sign/verify the late balance being assessed. Parents are responsible for paying the accrued late charges by the close of the next business day. (Regulations require that two staff members must stay at the Center until every child is picked up.)**

Please remember that late parents must call the Center to inform the staff of the delay. Ten minutes after the close of business, emergency contacts will be notified to arrange pick-up of the child. If we cannot reach either you or your emergency contacts to pick up your child, then we will contact Child Protective Services. Parents with excessive, unexcused, late pick-ups (more than 4 late slips in a year) will be given notice to find alternate care.

### 11. Parking

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

### 12. Causes of Dismissal

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

### 13. Payment

Registration must be completed each year, and an annual material fee must be paid. Payment for tuition is due on the Friday before the following week of care. Payment can be made by check, money order, or credit card. Please put your child's name and H-ID number on the check or money order. Make check or money order payable to HCC. A receipt will be provided only upon request. Credit cards may be swiped weekly at the Early Learning Center front office, or call the Cashier's Office at 443.412.2208. A late charge of \$35 will be

applied to any account not paid in full by the due date. Please see the Early Learning Center Financial Statement for more information on our Late Payment Policy. Personal checks will not be accepted if a personal check has been refused for payment (NSF—non sufficient funds) by our financial institution within the last 12 months. Should the student's tuition charges become past due and sent to collections, the parent/legal guardian will be responsible for the collection costs.

## 14. Withdrawal Policy

To discontinue the billing cycle, a written withdrawal letter must be completed by the parent/legal guardian and received by the Center Director in a timely manner, two weeks prior to date of withdrawal. The deposit will be forfeited and no refunds will be given for the week in which the student is withdrawn—no exceptions.

## 15. Emergency Phone Contact

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

## 16. Emergency Closings

The Early Learning Center Full-Day Program will follow Harford Community College's announcement. Emergency closings and delays due to weather conditions will be announced on radio stations WBAL (1090 AM), WPOC (93 FM), and WRBS (95.1 FM). If there is no announcement, we will open on time or remain open. Parents should call HCC's Inclement Weather line at 443.412.2322 for the most current information. An email will be sent to families as well as posted to our Facebook page. *\*Please note the inclement weather closings for our partial-day preschool are not the same as our full-day care.*

## 17. Holiday Closures

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

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

# HCC Early Learning Center Policies and Procedures Parental Agreement Form

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

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

Student Name

Class

Parent/Guardian's Signature

Print Name

Date

# HCC Early Learning Center (ELC) Registration Agreement 2020-2021

Please review the following information to ensure that you understand your responsibilities in enrolling your child in the HCC Early Learning Center. This signed agreement will be placed in your child's file and a copy will be provided for your records upon request.

**ALL REQUIRED FORMS MUST BE COMPLETED AND ON FILE BEFORE YOUR CHILD'S FIRST DAY.**

1. I agree to pay a non-refundable materials fee at the time of enrollment. I also agree to pay for the first and last week of care.

\_\_\_\_\_ (please initial)

2. I understand that tuition is due every Friday for the following week of care. I understand that care may be terminated if my account is past due. A late charge of \$35 will be applied to any account not paid in full by the due date.

\_\_\_\_\_ (please initial)

3. I have read and received a copy of the Financial Statement, which explains payment policies, registration fees, tuition fees, change in care, late fees, and late pick-up fees. I have also received a Holiday Schedule and understand that payment is due for holiday closings, sick days, emergency closings, and other absences.

\_\_\_\_\_ (please initial)

4. I understand that all changes in scheduled care must be made in writing through the Early Learning Center Office at least two weeks in advance. **Verbal notifications of changes or withdrawals cannot be accepted.**

\_\_\_\_\_ (please initial)

5. I understand that my child must be escorted by an adult (18 years or older) to an HCC staff member in the Center. The adult must also sign the in/out roster to ensure that this safety regulation is enforced.

\_\_\_\_\_ (please initial)

6. I understand that it is my responsibility to notify the Center staff of any family/medical information pertinent to my child's health, safety and well-being. Additionally, I will keep work and emergency contact and phone numbers up-to-date.

\_\_\_\_\_ (please initial)

7. If there are any custody issues, I will provide a court order indicating who is the custodial parent/guardian, and the names to whom the staff may not release the child. HCC staff must follow legal guidelines in custody issues.

\_\_\_\_\_ (please initial)

8. I understand that if my child is having problems adjusting to the program, a conference will be arranged between the staff and me.

\_\_\_\_\_ (please initial)

9. I understand that I may be asked to withdraw my child from the program if his/her behavior threatens his or her own safety and/or health or that of other children and staff in the Center. If possible, a two-week period will be allowed for parents to make alternative care arrangements.

\_\_\_\_\_ (please initial)

**For more serious offenses, I understand that I may be called immediately to pick up my child, and he/she may be suspended or expelled from care without prior warnings. Some examples of this include, but are not limited to, disrupting the classroom setting and/or hitting, punching, kicking, or biting another student or teacher. Credit is not issued for days of suspension.**

\_\_\_\_\_ (please initial)

10. I understand that care may be terminated if my behavior does not fit within the core values of HCC, if I do not follow HCC policies, or if I become aggressive toward any HCC staff member.

\_\_\_\_\_ (please initial)

# Maryland State Department of Education Office of Child Care

## Health Inventory

### Information and Instructions for Parents/Guardians

#### REQUIRED INFORMATION

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

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

#### EXEMPTIONS

Exemptions from a physical examination, immunizations and blood-lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead Testing Certificate must be signed by a health care practitioner stating a questionnaire was done.

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

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

#### INSTRUCTIONS

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

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

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

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

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

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

13. I understand that an alternate care plan must be made in advance for illness and emergency closings. I also understand that I am still required to pay should these situations arise.

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

16. I give permission for my child to participate in the HCC sprinkler days (if applicable) as part of the program.

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

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

\_\_\_\_\_ (please initial)

#### I have read and understand the above.

(Please print.)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# Health Inventory (2)

## PART 1 - HEALTH ASSESSMENT

To Be Completed By Parent or Guardian

<b>Child's Name:</b> _____		<b>Birth date:</b> _____		<b>Sex</b>	
Last First Middle		Mo / Day / Yr		M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Address:</b> _____					
Number Street		Apt# City		State Zip	
<b>Parent/Guardian Name(s)</b>		<b>Relationship</b>		<b>Phone Number(s)</b>	
		W: _____		C: _____	
		W: _____		C: _____	
<b>Where do you usually take your child for routine medical care? Name:</b> _____					
<b>Address:</b> _____				<b>Phone Number:</b> _____	
<b>When was the last time your child had a physical exam? Month: _____ Year: _____</b>					
<b>Where do you usually take your child for dental care? Name:</b> _____					
<b>Address:</b> _____				<b>Phone Number:</b> _____	
<b>ASSESSMENT OF CHILD'S HEALTH</b> - 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.					
	<b>Yes</b>	<b>No</b>	<b>Comments (required for any Yes answer)</b>		
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>			
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>			
Bowels	<input type="checkbox"/>	<input type="checkbox"/>			
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>			
Coughing	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>			
Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Does your child take medication (prescription or non-prescription) at any time?</b>					
<input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) of medication(s): _____					
<b>Does your child receive any special treatments?</b> (nebulizer, epi-pen, etc.)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, type of treatment: _____					
<b>Does your child require any special procedures?</b> (catheterization, G-Tube, etc.)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, what procedure(s): _____					
I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.					
<b>I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b>					
Signature of Parent/Guardian _____					Date _____



# Health Inventory (3)

## PART 2 - CHILD HEALTH ASSESSMENT

To Be Completed ONLY By Physician/Nurse Practitioner

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

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

# Health Inventory (3)

## CHILDREN WHO ARE REQUIRED TO RECEIVE LEAD TESTING

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

If a child is enrolled in child care during the period between the first and second tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24-month well child visit. If the first test is done after 24 months of age, one test is required.

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

## AT RISK AREAS BY ZIP CODE

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

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

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING**

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

---

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

CHILD'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

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

SEX:  Male  Female BIRTHDATE \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_\_ STREET ADDRESS (with Apartment Number) CITY STATE ZIP

---

**BOX B - Parent/Guardian to Complete for All Children**

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

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

Parent or Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

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

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

Comments: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

---

**BOX D - Religious Objection**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

**HOW TO USE THIS FORM**

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

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

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

**Lead Risk Assessment Questionnaire Screening Questions:**

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

# Maryland Department of Health and Mental Hygiene Immunization Certificate

CHILD'S NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
OR  
GUARDIAN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**RECORD OF IMMUNIZATIONS (See Notes On Other Side)**

Dose #	Vaccines Type								Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr					
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

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

1. \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Medical provider, local health department official, school official, or child care provider only)

2. \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

3. \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Clinic / Office Name \_\_\_\_\_  
Office Address/Phone Number \_\_\_\_\_

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAIN DICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a  Permanent condition OR  Temporary condition until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

**Only a medical provider, local health department official, school official, or child care provider may sign the 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.**

### Notes:

- When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
- Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
- Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
- Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
- History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- Preschool program unless the student's parent or guardian has furnished evidence of age-appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

Please refer to the "**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov). (Choose Immunization in the A-Z Index.)

Age-appropriate immunization requirements for licensed child care centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the "**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**" guideline chart are available at [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov). (Choose Immunization in the A-Z Index.)

# HCC Early Learning Center (ELC)

## Emergency Form

### INSTRUCTIONS TO PARENTS:

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

**THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.**

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

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

Last Name of Person Authorized to Pick Up Child Daily	First Name	Relationship to Child
Home Address	City	State Zip Code
Any Changes/Additional Information: _____		

ANNUAL UPDATES			
_____	_____	_____	_____
(Initials/Date)	(Initials/Date)	(Initials/Date)	(Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

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

Child's Physician or Other Source of Health Care \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State ZIP \_\_\_\_\_

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date

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

## INSTRUCTIONS TO PARENTS:

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

## EMERGENCY MEDICAL INSTRUCTIONS

(1) Signs/symptoms to look for: \_\_\_\_\_

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

(3) To prevent incidents: \_\_\_\_\_

## OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED

Comments: \_\_\_\_\_

## Note to Health Practitioner

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

\_\_\_\_\_  
Name of Health Practitioner \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Practitioner \_\_\_\_\_ Phone \_\_\_\_\_

# MARYLAND STATE DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE

**ALL ABOUT:** \_\_\_\_\_

Child's First Name or Nickname

\_\_\_\_\_  
Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone (Home or Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Provider/Center \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## THINGS MY CHILD DOES WELL

## WHAT MY CHILD LIKES AND DISLIKES

## THINGS I AM WORKING ON WITH MY CHILD

## MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

**MY CHILD HAS DIFFICULTY WITH THESE ACTIVITIES**

**MY CHILD WILL NEED THE FOLLOWING EQUIPMENT AND/OR ROUTINES**

**THINGS MY CHILD MIGHT NEED HELP WITH**

**WHAT SPECIAL ADAPTATIONS WILL THE PROGRAM MAKE AT THIS TIME?**

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

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

**THIS IS NOT INTENDED TO BE A LEGALLY BINDING CONTRACT.**

**SIGNATURES**

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Provider Date

**UPDATES**

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Parent/Guardian Date

# HCC Early Learning Center (ELC)

## Student Information Sheet and Medical Alert Information

Child's Name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Birthday (include year): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Name 1) Parent/Guardian: \_\_\_\_\_ (Name 2)

Siblings' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Parent/Guardian 1) Cell Phone: \_\_\_\_\_ (Parent/Guardian 2)

Work Phone: \_\_\_\_\_ (Parent/Guardian 1) Work Phone: \_\_\_\_\_ (Parent/Guardian 2)

Email Address: \_\_\_\_\_ (Parent/Guardian 1) Email Address: \_\_\_\_\_ (Parent/Guardian 2)

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

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HCC Early Learning Center (ELC)

### Enrollment Releases and Medical Information

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HCC Early Learning Center (ELC)

### Authorization For Emergency Medical Treatment

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

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

I accept responsibility for payment of medical services rendered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## HCC Early Learning Center (ELC)

### Diaper Permission Slip

Dear Parents,

Please complete and sign the statement below regarding the use and brand of diapers, diaper wipes, and diaper rash cream for your child at the HCC Early Learning Center. It is your responsibility to maintain an adequate supply. Please label all items with your child's name. Please notify the Center should you need to change brands of any of these items.

I, \_\_\_\_\_,

as parent/legal guardian for \_\_\_\_\_,

give the HCC Early Learning Center my permission to use \_\_\_\_\_ brand of diapers

and \_\_\_\_\_ brand of diaper wipes for my child. I also give my permission

for the Early Learning Center staff to apply \_\_\_\_\_ brand of diaper rash

cream as necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HCC Early Learning Center (ELC)

### Cot Permission Slip

I, \_\_\_\_\_,

as parent/legal guardian for \_\_\_\_\_,

give my permission for my child to sleep on a cot during rest time. I understand that I am responsible for providing clean bedding weekly and as needed throughout the week for my child's cot.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# HCC Early Learning Center (ELC)

## Participant Waiver

I, \_\_\_\_\_,  
 as parent/legal guardian for \_\_\_\_\_,  
 a minor residing at \_\_\_\_\_,  
 do hereby release and forever discharge Harford Community College's HCC Early Learning Center, and Harford Community College and the Education, Wellness & Community Engagement Division, their agents, employees, and volunteers from any and all actions, causes of actions, liability, claims, or demands for or by reason of damage, loss, or injury which may be sustained by my child as a result of his/her participation in this program.

I, as parent/legal guardian for the above-named minor, give my permission for my child to go on field trips with the HCC Early Learning Center program during the school year.

I, as parent/legal guardian for the above-named minor, give my permission for the persons in authority to secure emergency medical attention for my child if it is needed.

\_\_\_\_\_  
 Witness (Does not need a notary)

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date



**HARFORD**  
 COMMUNITY COLLEGE

401 Thomas Run Road  
 Bel Air, MD 21015



### Registration Form

**MAIL TO** Harford Community College  
 Noncredit Registration  
 401 Thomas Run Road, Bel Air, MD 21015  
 P: 443.412.2376 | F: 443.412.2383

#### Office Use Only

Spring  Summer  Fall  
 Registered by: \_\_\_\_\_  
 Cashier's Office: \_\_\_\_\_  
 C/R \_\_\_\_\_ Ini. \_\_\_\_\_ Date \_\_\_\_\_  
 Waiver:  Yes E D S

**H**

HCC ID	Last Name <i>(Please print.)</i>	First Name	MI
Street	City	State	Zip Code
Home Phone	Cell/Work Phone <i>(Circle one.)</i>	Email	<input type="checkbox"/> Home or <input type="checkbox"/> Business

#### Contact Information for HCC AlertMe Emergency Notification System

**YES**, please contact me in the event of an emergency on campus or a non-emergency campus closing. \_\_\_\_\_  
Preferred contact phone number

**NO**, I choose not to be contacted in the event of a campus emergency or non-routine campus closing. \_\_\_\_\_

**Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Senior Citizen** (60 years or older)  YES  NO **Gender**  Male  Female  
month / day / year

**Citizenship**  U.S. Citizen  Permanent Resident/Asylee/Refugee *(Must bring in original card.)*  
 Non-U.S. Citizen *(Must submit copy of immigration document.)* Visa Type: \_\_\_\_\_

**Ethnicity** Are you of Hispanic or Latino origin?  YES  NO  
*(Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

**Race** Select one or more of  White (01)  Black/African American (02)  Asian (03)  
 the following categories:  American Indian or Native Alaskan (04)  Native Hawaiian or Other Pacific Islander (05)  
*(See harford.edu/dfr for definitions of race.)*

#### How did you hear about this course?

Newspaper  Radio  HCC Marquee  HCC Website  Printed Schedule of Classes  HCC Kids Summer Program Booklet  
 Email  Postcard/Flyer/Brochure  HCC Social Media  Referral from Family or Friend  Referral from Instructor  
 Other \_\_\_\_\_

COURSE #	COURSE TITLE	TUITION	FEE	OUT-OF-COUNTY SURCHARGE \$20	OUT-OF-STATE SURCHARGE \$35	COST
<b>SUBTOTAL</b>						
<b>WAIVER ELIGIBILITY:</b>						<b>WAIVER TOTAL</b>
<b>TOTAL COST</b>						

#### Payment is due at time of registration.

Check  Money Order  
 VISA  MasterCard  Discover  American Express

We will contact you for payment by credit/debit card as soon as your registration has been processed.

I accept and agree to abide by the policies and regulations of HCC. I understand that violation of these regulations may subject me to penalties and sanctions. (A copy of the Student Code may be obtained from the Student Activities Office.) I certify that the information on this form is accurate and complete. Failure to provide accurate information may be just cause for dismissal from the College.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

**NOTE:** Photographs may be taken in classrooms and/or on campus and used for Harford Community College promotions including, but not limited to, use on Facebook, the College website, and print materials. **If you do not wish to be photographed, please inform the photographer.**



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COMMUNITY COLLEGE

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Bel Air, Maryland 21015  
[www.harford.edu/ELC](http://www.harford.edu/ELC)