

Essential Personnel Child Care Family Enrollment Application

2020

MARYLAND STATE DEPARTMENT OF EDUCATION

Parent or Guardian must qualify as essential personnel under the Governor's Executive Order.

Child's Name: _____ Date of Birth: ___/___/___

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Child's Name: _____ Date of Birth: ___/___/___

Home Contact Information:

Type of Essential Personnel _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone Number: _____

Work Contact Information:

Name of Agency: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Best way to contact you during work hours: _____

Parent/Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

E-mail Address: _____

E-mail Address: _____

Home Phone: _____

Home Phone: _____

Company Name: _____

Company Name: _____

Company Phone: _____

Company Phone: _____

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Days of Child Care Service Desired (check all that apply):

MON _____ TUE _____ WED _____ THU _____ FRI _____

Hours of Child Care Service Desired (check all that apply):

MON _____ TUE _____ WED _____ THU _____ FRI _____

Please initial the following.

____ I agree to have the temperature taken of my child(ren) arriving at the building with a temporal thermometer.

____ I agree to remove my child from care if a fever is identified upon arrival to site.

____ I agree to limit contact by limiting inside access and will drop off and pick up my child at the door.

____ I agree to practice social distancing the best way possible, within the setting.

____ I agree that the facility is not charging me any additional fees or tuition for my child(ren).

____ I agree to be charged the full tuition rate charged by this program if I am found to not qualify for the State of Maryland EPSA/EPCC programs by not being essential personnel under Governor Larry Hogan's Executive Order.

I hereby agree to abide by the terms and conditions as provided in this Emergency Personnel School Age (EPSA) Child Care/ Essential Personnel Child Care (EPCC) Programs Family Enrollment Application. At least one parent/guardian of the child(ren) is designated essential personnel. I understand that any violation of the aforesaid terms and conditions may result in termination of enrollment of my child(ren).

Parent/Guardian Name (Please Print): _____

Parent Signature: _____

Date: _____ / _____ / 2020

Facility Director/ Designee Name (Please Print): _____

Facility Director/ Designee Name Signature _____

Date: _____ / _____ / 2020