

# 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: \_\_\_/\_\_\_/\_\_\_

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

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

## Home Contact Information:

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: \_\_\_\_\_

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

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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