

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 Registered Home: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First Middle Maiden

If you have had any other names, please list them: \_\_\_\_\_

Female  Male Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

4. If currently working, can you receive calls at work?  Yes  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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?  Yes  No 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**

I understand that I must submit all documents required by the Office of Child Care (OCC) to the OCC Regional Office before my application can be approved.

I understand the regulations can be viewed and printed from the following website:

[http://www.marylandpublicschools.org/MSDE/divisions/child\\_care/licensing\\_branch/regulat](http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/regulat)

I have read the Family Day Care Regulations (COMAR 13A.14.01). If my application to serve as an Additional Adult is approved, I agree to abide by those regulations, which include (but 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 Day Care Regulations.

The information I have given on this entire application form and on all other required application documents is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date