



Al-Huda Pre-School

Where Love, Learning, & Guidance are Part of the Curriculum

Admissions Application

Toddlers (Ages 18 – 24 months)
Pre-School (Ages 2 – 5 Years)

Return to:

Al-Huda Pre-School
5301 Edgewood Road
College Park, MD 20740

APPLICANT'S NAME

Male Female

Last First Middle

Street Address City State Zip

Home Phone (Include area code) Social Security Number

Date of Birth Place of Birth Primary Language Spoken Other Languages

Yes No

Does your child have any special learning, speech, physical or behavioral problems? If yes, please explain.

Yes No

Does your child have any special needs we should be aware of? If yes, please explain.

Applicant lives with (Please check all that apply): Mother Father Other: _____

GENERAL INFORMATION

Applicant is applying for: Infant/Toddler Program Pre-School Program

Hours/days care is needed: _____ Approximate date child will begin: _____

Yes No

Are you interested in working/volunteering at the pre-school?

Yes No

Are you able to donate any supplies to the pre-school?

Yes No

Is your child toilet-trained?

Religious affiliation

What are the most important qualities you are looking for in a pre-school/after school program for your child?

Applicant was referred by: _____

For Office Use Only:	Received By: _____	Date Received: ____/____/____
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Health Inventory (4 pages)	<input type="checkbox"/> Manual Agreement
<input type="checkbox"/> Activity Fee	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Wait List Email Sent
<input type="checkbox"/> Tuition Agreement	<input type="checkbox"/> Emergency Form (2 pages)	<input type="checkbox"/> Start on _____
	<input type="checkbox"/> Field Trip Permission Form	
	<input type="checkbox"/> Parent's Guide to Child Care	

**FAMILY
INFORMATION**

Father

Mother

Name

Name

Home Address

Home Address

City State Zip

City State Zip

Home Phone

Home Phone

Cell Phone

Cell Phone

Business Phone

Business Phone

Occupation

Occupation

Place of Employment

Place of Employment

E-mail Address (at least one email is required)

E-mail Address (at least one email is required)

Names and ages/grades of brothers:

Names and ages/grades of sisters:

SIGNATURE

Signature of parent/guardian

Date

**COMPLETED
APPLICATION**

The following materials constitute a complete application for admissions:

- 1. This application form filled out in its entirety.
- 2. \$35.00 non-refundable application fee remitted with this application.
- 3. Completed Health Inventory and Health Addendum Forms
- 4. Up to date Immunization Record.
- 5. Completed Forms Required by State Licensing Office
(All About Me, Parent's Guide Signed, Field Permission Form, Emergency Form)

- 1) *Admissions to Toddler, Pre-School, and After Care Programs is on a rolling basis. Applicants will be admitted based upon space availability.*
- 2) *Enrollment is limited. Please return your completed application as soon as possible to reserve your child's space.*
- 3) *Please inform the Al-Huda Pre-School office of any address or phone number changes as soon as they occur (301) 982-7135.*

HEALTH INVENTORY

CHILD'S PERSONAL RECORD FOR CHILD CARE FACILITIES

Child's Name _____			_____
_____	_____	_____	_____
Name of Parent or Guardian _____			_____
Home Address _____			_____
City _____			State _____ Zip Code _____
Check Best Telephone Number to Reach You:			
<input type="checkbox"/> Home #: _____	<input type="checkbox"/> Work #: _____	<input type="checkbox"/> Cell #: _____	

Dear Parent/Guardian:

Healthy children need medical and dental health supervision and should see a doctor at regular intervals. The health check-up should include physical examination and immunizations which are necessary to keep your child free of communicable disease.

This form requests health and individual needs information from you (Part I), which will be helpful to the Health Practitioner in evaluating your child, and medical information, lead screening/testing and proof of age-appropriate immunizations from your child's Health Practitioner (Part II). This information must be completed prior to your child being admitted to child care.

Maryland law requires you to submit proof of age-appropriate immunizations and that children less than six years of age have appropriate screening for lead poisoning. Children who reside (or have ever resided) in certain areas of the State (see page 4) designated as at-risk for childhood lead poisoning must receive one or more blood lead tests at 12 and 24 months of age.

PLEASE RETURN THIS COMPLETED FORM TO:

Name of Child Care Facility: _____

Address: _____

City/Town State Zip Code

PART I: CHILD'S HEALTH AND INDIVIDUAL NEEDS INFORMATION

To be completed by **PARENT/GUARDIAN**

CHILD'S NAME: _____

IMPORTANT: COMPLETE PART I BEFORE THE HEALTH PRACTITIONER EXAMINES YOUR CHILD. TAKE THIS FORM WITH YOU TO THE HEALTH PRACTITIONER. PLEASE CHECK CORRECT ANSWERS TO THE FOLLOWING QUESTIONS IN COLUMNS ON THE RIGHT. Explanation, if needed, can be given in the space provided for "REMARKS".

	YES	NO
1. Are you concerned about your child's general health (<i>eating, sleeping habits, teeth, skin, menstruation, weight, bowel/bladder, etc.</i>)?	_____	_____
2. Does your child have any eye problems (<i>difficulty seeing, crossed eyes, frequently reddened or watery eyes</i>)? Date of last eye examination: ____/____/____ Doctor's Name: _____ Results: _____ Does your child wear glasses? _____ Contact lenses? _____	_____	_____
3. Does your child have any ear or hearing problems (<i>frequent earaches, difficulty hearing, etc.</i>)? Date of last hearing evaluation ____/____/____ Doctor's Name: _____ Results: _____ Does your child use a hearing aid? _____	_____	_____
4. Does your child have any speech problems (<i>difficulty having speech understood, stammering, delayed speech development, etc.</i>)?	_____	_____
5. Does your child have any allergies? If YES, please state what kind of allergies:	_____	_____
6. Does your child have any other specific illness, disability or other limiting condition? If YES, answer a, b and c: (a) Does this condition require any special health care in the child care facility? _____ (b) Has your child received evaluation(s), which could help the child care provider or teacher in meeting his/her health or educational needs? _____ (c) Does your child require any special adaptations or adaptive equipment? _____	_____	_____
7. Do you have concerns about your child's behavior or emotional well-being which the child care provider or teacher should know about?	_____	_____
8. Do you have concerns about your child's social or developmental needs which the child care provider or teacher should know about?	_____	_____

REMARKS (*Provide further explanation for all "YES" answers*): _____

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. **I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature of Parent/Guardian

Date

PART II: MEDICAL INFORMATION

To be completed by a **HEALTH PRACTITIONER**

CHILD'S NAME: _____

1. Date of this child's most recent tuberculin test: ___/___/___ Result: ___ Positive ___ Negative

Under Maryland law, a child under the age of six must have appropriate screening/testing for lead poisoning. See page 4.

2. Date of this child's lead screening: ___/___/___ Blood lead test dates: Test 1: ___/___/___ Test 2: ___/___/___

3. This child has the following which may significantly affect his/her child care experience: (COMMENTS) _____
- a. Vision problem YES NO _____
 - b. Hearing problem YES NO _____
 - c. Speech or language problem YES NO _____
 - d. Other physical illness or impairment YES NO _____
 - e. Mental, emotional or behavior problems YES NO _____
 - f. Developmental delays YES NO _____
 - g. Allergies YES NO _____

Significant physical findings, comments and recommendations: _____

4. This child has a health condition which may require care or emergency action while at child care. YES NO
 If YES, please specify (e.g., seizures, bee sting allergy, diabetes, etc.): _____

Recommendations: _____

5. This child has or is a known carrier of a communicable disease which should prevent his/her admission to a child care facility or school.
 YES NO If YES, please specify: _____

6. This child requires a modified diet and/or special feeding procedures. YES NO
 If YES, please specify: _____

7. If this child cannot fully participate in all areas of the child care program, what areas should be limited or altered to suit his/her needs?

8. Does this child's physical activity need to be restricted? YES NO
 If YES, please specify: _____

9. Does this child require any specialized treatment? YES NO
 If YES, please specify: _____

10. Does this child require any adaptive equipment (braces, crutches, etc.)? YES NO
 If YES, please specify type: _____
 Special instructions for use: _____

RECORD OF IMMUNIZATIONS

Vaccine Types												
Enter: Month/Day/Year for each immunization administered												
Dose #	DTP-DTAP	Polio	HIB	Hep B	PCV7	MMR	Varicella	Rotavirus	MCV4	HPV	Hep A	Other
1												
2												
3												
4												
5												

PART II: MEDICAL INFORMATION (CONTINUED)

Child's Name _____

MEDICAL CONTRAINDICATION: The above child has a valid medical contraindication to being immunized at this time. This is a permanent temporary condition until ___/___/____. Check appropriate box, indicate vaccine(s) and reasons: _____

HEALTH PRACTITIONER'S STATEMENT: To the best of my knowledge, the vaccines listed above were administered as indicated. I conducted a physical examination of the above-named child and find that he/she **IS / IS NOT** medically cleared to attend child care. (circle correct response)

Signature of Health Practitioner

Date

Phone Number

STAMP, PRINT, OR TYPE: Name/address of Physician, Certified Nurse Practitioner, Registered Physician's Assistant.

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 1st test was done prior to 24 months of age. **If a child is enrolled in child care during the period between the 1st and 2nd 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 1st 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	<u>Baltimore (cont)</u>	<u>Carroll</u>	<u>Frederick(cont)</u>	<u>Montgomery</u>	<u>Prince George's(cont)</u>	<u>St. Mary's</u>
	21210	21155	21783	20783		20606
	21212	21757	21787	20787	20782	20626
	21215	21776	21791	20812	20783	20628
<u>Allegany</u>	21219	21787	21798	20815	20784	20674
ALL	21220	21791		20816	20785	20687
	21221		<u>Garrett</u>	20818	20787	
<u>Anne Arundel</u>	21222	<u>Cecil</u>	ALL	20838	20788	<u>Talbot</u>
20711	21224	21913		20842	20790	21612
20714	21227		<u>Harford</u>	20868	20791	21654
20764	21228	<u>Charles</u>	21001	20877	20792	21657
20779	21229	20640	21010	20901	20799	21665
21060	21234	20658	21034	20910	20912	21671
21061	21236	20662	21040	20912	20913	21673
21225	21237		21078	20913		21676
21226	21239	<u>Dorchester</u>	21082		<u>Queen Anne's</u>	
21402	21244	ALL	21085	<u>Prince George's</u>	21607	<u>Washington</u>
<u>Baltimore</u>	21250		21130	20703	21617	ALL
21027	21251	<u>Frederick</u>	21111	20710	21620	
21052	21282	20842	21160	20712	21623	<u>Wicomico</u>
21071	21286	21701	21161	20722	21628	ALL
21082		21703		20731	21640	
21085	<u>Baltimore City</u>	21704	<u>Howard</u>	20737	21644	<u>Worcester</u>
21093	ALL	21716	20763	20738	21649	ALL
21111		21718		20740	21651	
21133	<u>Calvert</u>	21719	<u>Kent</u>	20741	21657	
21155	20615	21727	21610	20742	21668	
21161	20714	21757	21620	20743	21670	
21204		21758	21645	20746		
21206	<u>Caroline</u>	21762	21650	20748	<u>Somerset</u>	
21207	ALL	21769	21651	20752	ALL	
21208		21776	21661	20770		
21209		21778	21667	20781		
		21780				

EMERGENCY FORM

DB

INSTRUCTIONS TO PARENTS:

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

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

1. Name _____ Phone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City ST Zip Code

2. Name _____ Phone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City ST Zip Code

3. Name _____ Phone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City ST Zip Code

Child's Physician or Source of Health Care _____ Phone _____

Address _____
Street/Apt. # City ST Zip Code

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.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt. # City ST Zip Code

Mother's Name _____ Home Phone: _____
Last First

Mother's Employer/School _____
Name Address

Mother's Home Address (If different from above) _____
Street/Apt. # City ST Zip Code

Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone: _____
Last First

Father's Employer/School _____
Name Address

Father's Home Address (If different from above) _____
Street/Apt. # City ST Zip Code

Work Phone _____ Cell Phone _____

Name of Person Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address _____
Street / Apt. # City ST Zip Code Telephone

ANNUAL UPDATES:

(Initials/Date)

(Initials/Date)

(Initials/Date)

(Initials/Date)

INSTRUCTIONS TO PARENTS

1. Complete the following items, as appropriate, if your child has a condition(s), which 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 Conditions(s) _____

Medications currently being taken by your child _____

Date of your child's last tetanus shot _____

Allergies/Reactions _____

EMERGENCY MEDICAL INSTRUCTIONS

Signs/Symptoms to look for: _____

If Signs/Symptoms appear, do this: _____

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

(____) _____
Telephone Number

FIELD TRIP PERMISSION FORM

All children are involved in daily trips outside of their classrooms. This includes going to the school's playground, going on nature walks, and walking to the local park (College Park park) located behind the Al-Huda School property. Even the infants and toddlers go for daily walks in the stroller.

Please sign the form below giving Al-Huda Preschool Permission to take your child on these special outings.

- Yes, I give permission for my child to participate in daily outings including nature walks, Al-Huda's playground, College Park park, and stroller walks.

Name of Child

Name of Parent

Parent Signature

Date

This Brochure 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. The license shows:
 - the maximum number of children who may be present at the same time;
 - the age groups which may be served; and
 - 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 are 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.***

ADDITIONAL INFORMATION

The Maryland Child Care Credential

Maryland has a voluntary child care credentialing program that recognizes child care providers' education, experience and professional activities at six levels. Credentialed providers are authorized and encouraged to display the seal issued by the MSDE Office of Child Care.



Program Accreditation

Child care programs have the option of becoming state or nationally accredited. Accreditation means that the facility and staff have met program standards of quality.

Child Care and the Americans with Disabilities Act

The federal Americans with Disabilities Act (ADA) requires all child care programs to make reasonable efforts to accommodate children with disabilities. For more information about the ADA, please contact the OCC Regional Office in your area or one of the following organizations:

LOCATE: Child Care

Maryland Committee for Children, Inc.
608 Water Street
Baltimore, MD 21202
Phone: (410) 752-7588
www.mdchildcare.org

Maryland Developmental Disabilities Council

217 East Redwood Street, Suite 1300
Baltimore, MD 21202
Phone: (410) 767-3670
(800) 305-6441 (within Maryland)
www.md-council.org



State of Maryland
Martin O'Malley, Governor
Maryland State Department of Education
Nancy S. Grasmick
State Superintendent of Schools

OCC 1524 (rev. 12/2007)

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

www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm

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

Family Child Care Homes

- Up to 8 children may be in care at the same time if the home meets certain physical requirements. No more than 2 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 4 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; and
 - 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 (NOTE: the regulations are available online at: 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	410-514-7850
2 – Baltimore City	410-554-8300
3 – Baltimore County	410-583-6200
4 – Prince George's County	301-333-6940
5 – Montgomery County	240-314-1400
6 – Howard County	410-750-8770
7 – Western Maryland	
Hagerstown – Main Office	301-791-4585
Allegany Co. Field Office	301-777-2385
Garrett Co. Field Office	301-334-3426
8 – Upper Shore	410-819-5801
Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties	
9 – Lower Shore	410-713-3430
Somerset, Wicomico, and Worcester Counties	
10 – Southern Maryland	301-475-3770
Calvert, Charles and St. Mary's Counties	
11 – North Central	410-272-5358
Cecil and Harford Counties	
12 – Frederick County	301-696-9766
13 – Carroll County	410-751-5438

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated.

If you need additional help, you may contact the main office of the OCC Licensing Branch:

Program Manager, Licensing Branch
MSDE Office of Child Care
200 West Baltimore Street, 10th Floor
Baltimore, MD 21201
410-767-7805

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: _____

Child: _____

Child: _____

Child: _____

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

Date

Signature of Parent/Guardian

**PARENT HANDBOOK AGREEMENT FORM
2011- 2012**

I have read and understand the policies and procedures that have been defined in this handbook. I understand and agree upon the expectations of the Al-Huda Pre-School Administration as outlined in this manual. I will, to the best of my ability, abide by and follow what is described in this manual. Failure to abide by the conditions set forth may result in cancellation of my child's enrollment.

Name of Child(ren): _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

This agreement form will confirm that I have received a copy of the Al-Huda Pre-School Parent Handbook and agree to abide by, comply with, or otherwise fulfill its provisions.