



Birth-3 Pre-Registration Packet

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Berlin, MD 21811

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www.berlinactivitiesdepot.com

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Welcome to Berlin Education Station!

Below is a list of paperwork that is required by the Childcare Administration and Berlin Education Station. All paperwork needs to be completed prior to admission into the program. Some paperwork may need to be completed by a doctor and is noted so below.

(Parent Signature)

(Date)

Item	Instructions
Health Inventory Part (1)	Parents must complete top section & answer all medical questions
Health Inventory Part (2)	Must be completed by your Physician with updated shot records. As children get shots please provide the center with updated records.
Food Program Subsidy Form	In order to qualify for meals, we need this completed and signed by a parent/guardian. Required for <u>all</u> students- Update Every Summer
Parent Contract/Enrollment Agreement	Please read carefully and sign
Parents Guide to Regulated Childcare Initial here: _____	Read page 14 and 15 carefully and initial here
Meal/Picture/Party Permission slips/Hanbook receipt acknowledgment	Sign highlighted area
Emergency Card	Complete as to who to contact in case of emergency and who is able to pick up your child. Sign bottom/Fill out Back of it completely!

Additional Paperwork:

Ages 2 and under:

- Lead Form
- New child in-take form
- Formula waiver
- Infant/Toddler Development Plan

Ages 3 and up:

- Lead Form
- New child in-take form
- Transportation waiver, if transported on field trips

2025-2026 Birth -3 Program Enrollment Confirmation

Child's Name _____

DOB _____

TUITION INFORMATION & FEES

Berlin Education Station will operate daily from **7:30am – 5:30pm**. The program will include breakfast, lunch, and an afternoon snack. Additional early bird/extended pm care available for an additional weekly fee.

_____	Infant/Toddler Program	Full Time Mon – Fri	7:30am-5:30pm	\$330/week
_____	Infant/Toddler Program	Part Time Mon/Wed/Fri	7:30am-5:30pm	\$250/week
_____	Infant/Toddler Program	Part Time Tue/Thur	7:30am-5:30pm	\$215/week
_____	Two/Three-Year-Old Program	Full Time Mon – Fri	7:30am-5:30pm	\$270/week
_____	Two/Three-Year-Old Program	Part Time Mon/Wed/Fri	7:30am-5:30pm	\$230/week
_____	Two/Three-Year-Old Program	Part Time Tue/Thur	7:30am-5:30pm	\$185/week
<u>ADD ONS:</u>				
_____	Extra early bird morning care		6:45-7:30 am	\$45/week
_____	Extended PM care		5:30-6:00 pm	\$30/week

Berlin Education Station offers a 5% sibling discount off the oldest child's tuition.

By signing below, I agree to enroll my child in the birth-3 program at Berlin Education Station. I understand that a 30-day written notice is required to change or terminate my childcare services. I further agree that I have read the family handbook and understand all policies outlined therein.

Parent Name _____ Signature _____ Date _____

_____ I authorize to charge the \$75 annual registration fee to secure my child's spot.

_____ I authorize to charge the enrollment confirmation fee to secure my child's spot. This is equal to one week's tuition but is not applied to any tuition weeks. This is a one-time fee unless you disenroll and then return at a later date.

Office Use: Registration fees paid _____ Child enrolled _____ Waitlisted _____

Enrollment Agreement

Financial Commitment/Contract

Childs Name:	Date of Birth:
Classroom:	Enrollment Date:

Hours of Operation

Berlin Education Station normal business hours are 6:45am-6:00pm Monday through Friday. Any child or parent in the building prior to or after these hours will be charged a \$5.00 per minute early drop off or late pick up fee. We are closed for New Year's Eve, New Year's Day, Good Friday, Easter Monday, Memorial Day, July 4th (or the observed holiday), Labor Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve, Christmas Day and four scheduled In-Service days. BES closes early on Halloween. BES hours of operation are subject to change for any reason, at any time. Tuition is not reduced due to closures or student absences.

Extended Care Hours- BES regular care hours are 7:30am-5:30pm and we offer Extended Care hours for an additional fee. These extended care hours must be contracted, and Extended Care fees will be added directly to your weekly tuition. Extended Care for a temporary circumstance may be added one week in advance with the Director and must be requested in writing.

Late pick up/Early drop off fees are \$5.00 per minute if you are in the building before or after our operating hours notated above. Extended Care rates will be automatically charged if you pick up/drop off outside of your contracted hours. You will be charged \$5.00 per minute that your child is in the center before open time (6:45 a.m.) or after close time (6:00 p.m.). After 30 minutes have passed after closing time (6:00 p.m.), according to State Child Care Licensing Regulations, your child may be released to Child Protective Services, or other local authorities, if you or the listed authorized persons to pick up have not picked up and cannot be reached.

Berlin Education Station will be open during regular operating hours and days whenever possible. In the event of severe weather or emergency situations, families will be notified by text alerts and emails regarding if/when the center will reopen. In the event of an early closure, it is my responsibility to organize early pick up for my child.

Tuition

I understand the
Weekly/monthly tuition
Fees are as follows:

TUITION/WEEK	DISCOUNT TYPE	DISCOUNT	ADDITIONAL SERVICES –list	COST/WEEK	TOTAL TUITION
\$		\$			

Financial Terms

- All tuition is due before services are rendered.
- My child's tuition will not be adjusted in the event of vacation, holidays, weather, days off, or illness. If I would like my child to attend additional days, I understand I must get pre-approval from the Director and agree to pay the additional fees. I understand I cannot switch days of enrollment without a new contract. I agree to pay the full tuition rate every week for the duration of my enrollment.
- My child's full week tuition is due every Friday by 12:00 p.m. for the coming week. If my payment is not made by this time it will be automatically drafted. I will be charged a late fee of \$15.00 if my tuition is not paid by Monday morning. A \$35 decline fee will be added to my account if my credit card declines. Children are not permitted to attend if payment is not received by Monday at drop off. I will continue to be charged the late fee every week until I have paid all back-tuition and late fees in full. I understand that my child cannot return to Berlin Education Station until all back owed tuition, late fees, and any other charges are paid in full, I further understand that my child's spot will be filled with the next person on the waitlist if payments are not received.
- In the event of my child leaving the center, I agree to give a full 30-day written notice. The 30 days will be calculated from the first business day it is received. If I do not give a full 30-days written notice, I agree to pay the full tuition for the coming weeks whether my child attends or not. All enrollment fees are nonrefundable and nontransferable. I understand that the enrollment fees do not go towards any part of my tuition, and that Membership Fees are annual.
- There is an Annual Membership fee of \$75.00 due upon enrollment and every September 1st. I agree to pay the Membership fee and understand that Membership fees are not refundable in the event I choose to withdraw my child. I understand if I were to re-enroll at Berlin Education Station, these fees would be due again at time of sign up.
- Berlin Education Station reserves the right to increase tuition at any time with written notice to customers.
- Any changes to my child's enrollment must be submitted in writing and will take 30 days to reflect on my billing.
- Additional fees I have signed up for, over and above those included in my weekly tuition such as; Gymnastics, Soccer, Extended Care etc. are automatically charged to my child's account every billing cycle even if my child is not present. To change these extracurricular activities, we must receive 30 days' notice in writing.
- If I participate in the Childcare Scholarship (CCS) program, current vouchers must be on file and kept up to date by me, as the legal guardian of the student. All fees not covered by my voucher are a parent's responsibility.
- Summer Activities fees are assessed to all students aged 2+ for the weeks of Memorial Day to Labor Day- these fees are \$10 per week ages 2 and up.
- BES only accepts electronic forms of payment for all tuition.
- I agree to hold Berlin Education Station, Twisters Inc, director, and/or staff harmless of any accident. I agree to having read the Parent Handbook and will adhere to all as stated in the handbook. I agree that this contract will automatically update when the year has lapsed. I understand I will be responsible for paying any and all costs associated with small claims court, including legal fees, my outstanding balance and accruing weekly late fees even after notice is given.

For Office Use	Day	Hours of Attendance	Meals (please circle)			
	Monday		Breakfast	A.M. snack	Lunch	P.M. Snack
	Tuesday		Breakfast	A.M. snack	Lunch	P.M. Snack
	Wednesday		Breakfast	A.M. snack	Lunch	P.M. Snack
	Thursday		Breakfast	A.M. snack	Lunch	P.M. Snack
	Friday		Breakfast	A.M. snack	Lunch	P.M. Snack

Parent Signature/Date_____

Director Signature/Date_____ Owner Signature/Date_____

Automated Payment Processing

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize Berlin Education Station to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 30 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Our center accepts all credit card types.

COMPLETE ONE SECTION ONLY

Section A (Credit Card)

Cardholder Name	Phone #			
Cardholder Address	City		State	Zip
Credit Card Number	Expiration Date and Security Code			
Cardholder Signature	Date			

Section B (Bank Account)

Your Name	Phone #			
Address	City		State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Number	Account Number	Checking	Savings	
Authorized Signature	Date			

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://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf

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://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh_4620_bloodleadtestingcertificate_2016.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 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 provider 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://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf>

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.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Child's Name: _____			Birth date: _____		Sex M ☐ F ☐	
Address: _____						
Number _____ Street _____		Apt# _____	City _____		State _____	Zip _____
Parent/Guardian Name(s)	Relationship	Phone Number(s)				
		W: _____	C: _____	H: _____		
		W: _____	C: _____	H: _____		
Your Child's Routine Medical Care Provider Name: _____ Address: _____ Phone #: _____		Your Child's Routine Dental Care Provider Name: _____ Address: _____ Phone: _____		Last Time Child Seen for Physical Exam: _____ Dental Care: _____ Any Specialist: _____		
ASSESSMENT OF CHILD'S HEALTH - 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.						
	Yes	No	Comments (required for any Yes answer)			
Allergies (Food, Insects, Drugs, Latex, etc.)	☐	☐				
Allergies (Seasonal)	☐	☐				
Asthma or Breathing	☐	☐				
Behavioral or Emotional	☐	☐				
Birth Defect(s)	☐	☐				
Bladder	☐	☐				
Bleeding	☐	☐				
Bowels	☐	☐				
Cerebral Palsy	☐	☐				
Coughing	☐	☐				
Communication	☐	☐				
Developmental Delay	☐	☐				
Diabetes	☐	☐				
Ears or Deafness	☐	☐				
Eyes or Vision	☐	☐				
Feeding	☐	☐				
Head Injury	☐	☐				
Heart	☐	☐				
Hospitalization (When, Where)	☐	☐				
Lead Poison/Exposure complete DHMH4620	☐	☐				
Life Threatening Allergic Reactions	☐	☐				
Limits on Physical Activity	☐	☐				
Meningitis	☐	☐				
Mobility-Assistive Devices if any	☐	☐				
Prematurity	☐	☐				
Seizures	☐	☐				
Sickle Cell Disease	☐	☐				
Speech/Language	☐	☐				
Surgery	☐	☐				
Other	☐	☐				
Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?						
☐ No ☐ Yes, name(s) of medication(s): _____						
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)						
☐ No ☐ Yes, type of treatment: _____						
Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)						
☐ No ☐ 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.						
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 - CHILD HEALTH ASSESSMENT

To be completed **ONLY** by Physician/Nurse Practitioner

Child's Name:				Birth Date:				Sex	
Last		First		Middle		Month / Day / Year		M ☐ F ☐	
1. Does the child named above have a diagnosed medical condition?									
☐ No ☐ 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.									
☐ No ☐ Yes, describe:									
3. PE Findings									
Health Area		WNL	ABNL	Not Evaluated	Health Area		WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity		☐	☐	☐	Lead Exposure/Elevated Lead		☐	☐	☐
Behavior/Adjustment		☐	☐	☐	Mobility		☐	☐	☐
Bowel/Bladder		☐	☐	☐	Musculoskeletal/orthopedic		☐	☐	☐
Cardiac/murmur		☐	☐	☐	Neurological		☐	☐	☐
Dental		☐	☐	☐	Nutrition		☐	☐	☐
Development		☐	☐	☐	Physical Illness/Impairment		☐	☐	☐
Endocrine		☐	☐	☐	Psychosocial		☐	☐	☐
ENT		☐	☐	☐	Respiratory		☐	☐	☐
GI		☐	☐	☐	Skin		☐	☐	☐
GU		☐	☐	☐	Speech/Language		☐	☐	☐
Hearing		☐	☐	☐	Vision		☐	☐	☐
Immunodeficiency		☐	☐	☐	Other:		☐	☐	☐
REMARKS: (Please explain any abnormal findings.)									
4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider <u>or</u> a computer generated immunization record must be provided. (This form may be obtained from: http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland-immunization-certification-form-dhmv-896-february-2014.pdf)									
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 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?									
☐ No ☐ Yes, indicate medication and diagnosis: (OCC 1216 Medication Authorization Form must be completed to administer medication in child care).									
6. Should there be any restriction of physical activity in child care?									
☐ No ☐ Yes, specify nature and duration of restriction:									
7. Test/Measurement		Results			Date Taken				
Tuberculin Test									
Blood Pressure									
Height									
Weight									
BMI %tile									
Lead Test Indicated: DHMH 4620 ☐ Yes ☐ No		Test #1		Test #2		Test #1		Test #2	

_____ has had a complete physical examination and any concerns have been noted above.
(Child's Name)

Additional Comments: _____

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

How To Use This Form

- ➔ A health care provider may provide the parent/guardian with a copy of the child's blood lead testing results from ImmuNet as an alternative to completing this form (COMAR 10.11.04.05(B)).

Maryland requires all children to be tested at the 12 and 24 month well-child visits (at 12-14 and 24-26 months old respectively), and both test results should be included on this form (see COMAR 10.11.04). If the test at the 12-month visit was missed, then the results of the test after 24 months of age is sufficient. A child who was not tested at 12 or 24 months should be tested as early as possible.

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. 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.

Frequently Asked Questions

1. Who should be tested for lead?

All children in Maryland should be tested for lead poisoning at 12 and 24 months of age.

2. What is the blood lead reference value, and how is it interpreted?

Maryland follows the [CDC blood lead reference value](#), which is 3.5 micrograms per deciliter (µg/dL). However, there is no safe level of lead in children.

3. If a capillary test (finger prick or heel prick) shows elevated blood lead levels, is a confirmatory test required?

Yes, if a capillary test shows a blood lead level of ≥ 3.5 µg/dL, a confirmatory venous sample (blood from a vein) is needed. The higher the blood lead level is on the initial capillary test, the more urgent it is to get a confirmatory venous sample. See [Table 1](#) (CDC) for the recommended schedule.

4. What kind of follow-up or case management is required if a child has a blood lead level above the CDC blood lead reference value?

Providers should refer to the CDC's Recommended Actions Based on Blood Lead Level (<https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>).

5. What programs or resources are available to families with a child with lead exposure?

Maryland and local jurisdictions have programs for families with a child exposed to lead:

- Maryland Home Visiting Services for Children with Lead Poisoning
- Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

For more information about these and other programs, call the Environmental Health Helpline at (866) 703-3266 or visit: <https://health.maryland.gov/phpa/OEHFP/EH/Pages/Lead.aspx>.

Maryland Department of the Environment Center for Childhood Lead Poisoning Prevention:
<https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/index.aspx>

Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.

Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/nursing/macche.html>

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

For a copy of this form in another language, please contact the MDH Environmental Health Helpline at (866) 703-3266.

CHILD'S NAME: _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE: _____
MM/DD/YYYY

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Test Date (mm/dd/yyyy)	Type of Test (V = venous, C = capillary)	Result (µg/dL)	Comments
	Select a test type.		
	Select a test type.		
	Select a test type.		

Health care provider or school health professional or designee only: To the best of my knowledge, the blood lead tests listed above were administered as indicated. (Line 2 is for certification of blood lead tests after the initial signature.)

1.	Name _____ Signature _____	Title _____ Date _____	Clinic/Office Name, Address, Phone
2.	Name _____ Signature _____	Title _____ Date _____	

Health care provider: Complete the section below if the child's parent/guardian refuses to consent to blood lead testing due to the parent/guardian's stated bona fide religious beliefs and practices:

Lead Risk Assessment Questionnaire Screening Questions:

- Yes ☐ No ☐ 1. Does the child live in or regularly visits a house/building built before 1978?
Yes ☐ No ☐ 2. Has the child ever lived outside the United States or recently arrived from a foreign country?
Yes ☐ No ☐ 3. Does the child have a sibling or housemate/playmate being followed or treated for lead poisoning?
Yes ☐ No ☐ 4. Does the child frequently put things in his/her mouth such as toys, jewelry, or keys, or eat non-food items (pica)?
Yes ☐ No ☐ 5. Does the child have contact with an adult whose job or hobby involves exposure to lead?
Yes ☐ No ☐ 6. Is the child exposed to products from other countries such as cosmetics, health remedies, spices, or foods?
Yes ☐ No ☐ 7. Is the child exposed to food stored or served in leaded crystal, pottery or pewter, or made using handmade cookware?

Provider: If any responses are YES, I have counseled the parent/guardian on the risks of lead exposure. _____
Provider Initial

Parent/Guardian: 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 and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

Parent/Guardian Signature

Date

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP Enrollment: Yes: ___ No: ___

Meals your child will receive while in care:

BK ___ LN ___ SU ___ AM Snk ___ PM Snk ___ Evng Snk ___

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
- (2) If your 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.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

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

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

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

Address _____
Street/Apt. # 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:

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

Address _____
Street/Apt. # City State Zip Code

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

Address _____
Street/Apt. # City State Zip Code

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

Address _____
Street/Apt. # City State Zip Code

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

Address _____
Street/Apt. # City State 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 _____

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

INSTRUCTIONS TO PARENT/GUARDIAN:

- (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 Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

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

(_____) _____
Telephone Number

Berlin Education Station

Dear Participant:

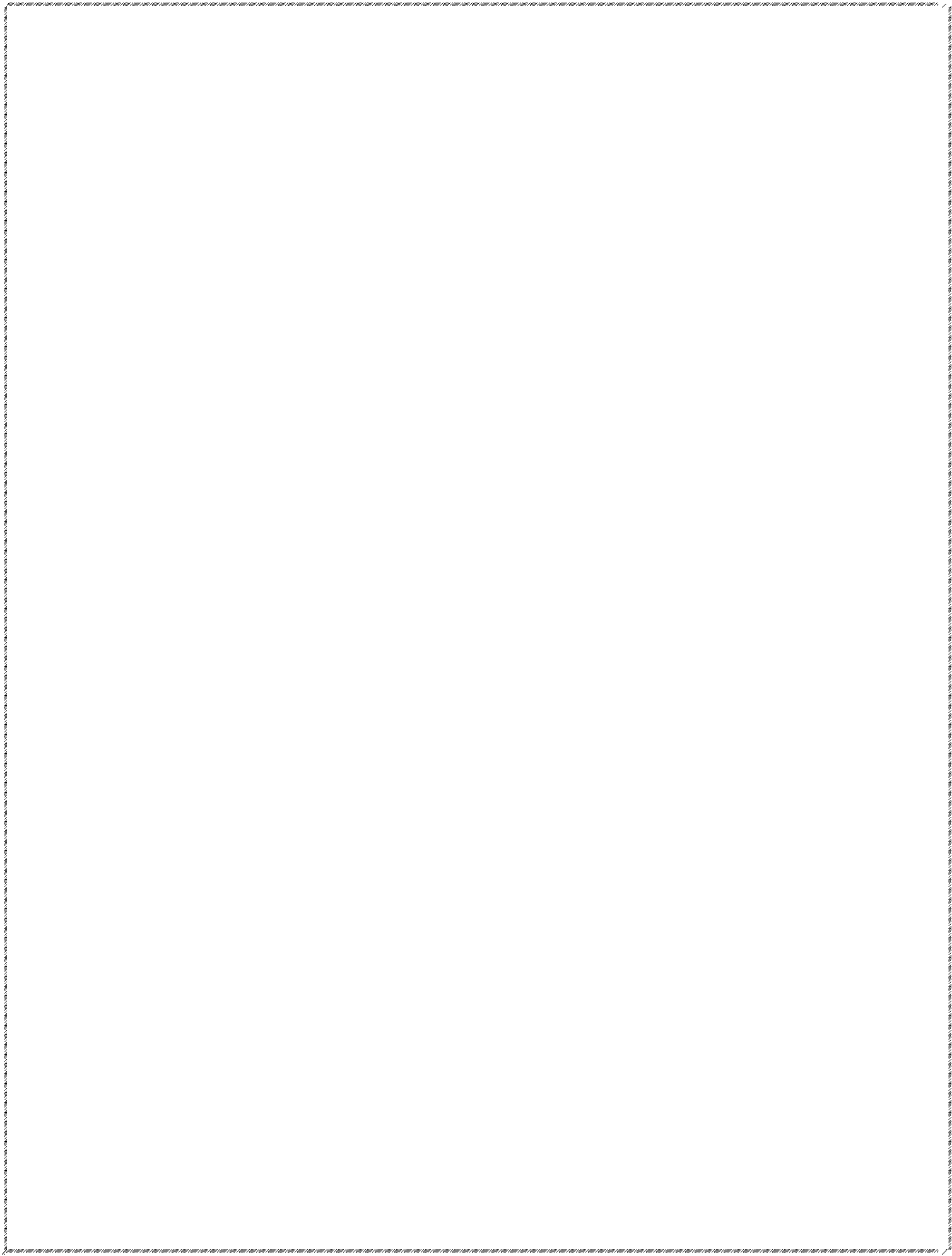
Berlin Education Station offers healthy meals every day. Although all participants receive meals at no charge, the U.S. Department of Agriculture (USDA) provides funds that support the nutrition program based on your eligibility. This letter is a request for you to complete the information on the enclosed Meal Benefit Application to assist our agency's food service program.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH ENROLLED PARTICIPANT? No. Use one Meal Benefit Application for all participants in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Berlin Education Station.
2. ADDITIONAL USDA REIMBURSEMENT IS AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO PARTICIPANTS IN THE FOLLOWING HOUSEHOLDS:
 - Households receiving benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA).
 - Recipients of Medicaid or SSI.
 - Households with gross income within the free limits on the Federal Income Eligibility Guidelines.
 - Some households participating in WIC.
3. I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your application is only good for one year. You must send in a new application each year.
4. WILL THE INFORMATION I GIVE BE CHECKED. Yes, and we may also ask you to send written proof.
5. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your household members do not have to be a U.S. citizen to qualify.
6. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? Your household includes the participant, and if residing with the participant, the spouse, and dependent children of the participant.
7. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
9. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FSP, TCA, and medical assistance programs or other assistance benefits, contact your local assistance office or call 1-800-332-6347.
10. We can not allow any outside foods brought in due to CACFP regulations and allergies within the center we can not allow outside drinks, snacks, meals etc into the building, and also through CACFP we are trying to encourage better eating choices and nutritional meals!

If you have other questions or need help please contact the BES Office at information@berlinactivitiesdepot.com

Sincerely,

BES Staff
410-629-1630



Child Care Centers
Meal Benefit Application
July 1, 2025 - June 30, 2026

Complete one application per household. For more information, read **Instructions for Completing** or call **[410-629-1630]**

Step 1 List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start** are eligible for free meals. If **ALL** children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED

Check all that apply:

Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

Step 2 Do any Household Members (including you) currently participate in the Supplemental Nutrition Assistance Program (SNAP) or Temporary Cash Assistance (TCA)? Circle One: Yes No

If you answered **NO**, complete Step 3.

Case

If you answered **YES**, provide a case number then go to Step 4

Number:

Step 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

How Often = Weekly, Every 2 Weeks, Monthly, twice a Month or Yearly

First and Last Names of ALL Household Members

Earnings from Work

Child Support, Alimony,
Public Assistance

Pensions, Retirement, Other
Income

Income How Often?

Income How Often?

Income How Often?

Total Household Members (Children and Adults):

Last Four Digits of Social Security Number (SSN) of Primary
Wage Earner or Other Adult Household Member:

Check if
No SSN:

Step 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:		Signature:	
Street Address:			
Date:		Phone #:	

Step 5 OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Ethnicity (Check One):

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (Check one or more):

☐ American Indian or Alaskan Native
☐ Asian

☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander

☐ White

DO NOT FILL OUT THIS SECTION. CENTER USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$

☐

Weekly

☐

Every 2
Weeks

☐

Twice a Month

☐

Monthly

☐

Yearly

Eligibility:

☐

Free

☐

Categorically
Eligible

☐

Reduced

☐

Paid

Determining Official's Signature: _____

Date: _____

Date Withdrawn: _____

**Maryland State Department of Education
Office of School and Community Nutrition Programs
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ENROLLMENT FORM**

Instructions for Completion:

- All parent/guardians are to complete this form for each child enrolled at the child care center/home participating in CACFP.
- List the child's name, birth date, the days and hours normally in care and the meals received while in care.
- CACFP Federal regulations require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

Name of Child Care Center/Home
Berlin Education Station and Berlin Activities Depot

1. Child's Name		Child's Date of Birth (MM/DD/YYYY)
Times Child Normally in Care (For example 7:30 AM – 5 PM)	Hours from: to 	Check (✓) the days your child normally attends: ☐ Monday ☐ Thursday ☐ Tuesday ☐ Friday ☐ Wednesday ☒ Saturday ☒ Sunday
		Check (✓) the meals that your child will receive while in care: ☐ Breakfast ☒ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☒ Evening Snack

2. Child's Name		Child's Date of Birth (MM/DD/YYYY)
Times Child Normally in Care (For example 7:30 AM – 5 PM)	Hours from: to 	Check (✓) the days your child normally attends: ☐ Monday ☐ Thursday ☐ Tuesday ☐ Friday ☐ Wednesday ☒ Saturday ☒ Sunday
		Check (✓) the meals that your child will receive while in care: ☐ Breakfast ☒ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☒ Evening Snack

3. Child's Name		Child's Date of Birth (MM/DD/YYYY)
Times Child Normally in Care (For example 7:30 AM – 5 PM)	Hours from: to 	Check (✓) the days your child normally attends: ☐ Monday ☐ Thursday ☐ Tuesday ☐ Friday ☐ Wednesday ☒ Saturday ☒ Sunday
		Check (✓) the meals that your child will receive while in care: ☐ Breakfast ☒ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☒ Evening Snack

Parent/Guardian Signature _____	Date Signed _____
Parent/Guardian's Name: _____	Phone: _____

Child and Adult Care Food Program (CACFP)

Infant Formula/Breastmilk Meal Plan**CENTER/PROVIDER completes this section:**

Center/Provider Name: _____

Dear Parent(s)/Guardian(s):

This center/provider offers _____ iron-fortified infant formula
name of formula

to all enrolled infants at no charge. **It is your option whether to accept this formula.** All formula provided to infants at this facility **must be iron-fortified** in accordance with Child and Adult Care Food Program regulations.

PARENT/GUARDIAN completes section below and returns to center/provider.**Parent/Guardian: Indicate your preference by checking the boxes for all that apply:**

NOTE: For options 2-4, the parent/guardian must supply sufficient iron-fortified infant formula or expressed breastmilk each day to meet the child's needs. Bottles must be labeled with the date, the child's name, and must be taken home daily.

- ☐ 1. I accept the iron-fortified infant formula offered by this center/provider.
- ☐ 2. I do **not** accept the iron-fortified infant formula offered by this center/provider. Instead, I will supply the following iron-fortified infant formula for my infant: _____
name of formula
- ☐ 3. I will provide expressed breastmilk for my infant.
- ☐ 4. I will breastfeed my infant on site.

Child's name: _____

Child's date of birth: _____

Signature of Parent/Legal Guardian_____
Date

All food and beverages served to infants in this facility must be in compliance with the Child and Adult Care Food Program (CACFP) meal pattern requirements.

For questions, concerns or to file a complaint contact your Regional Office

Regional Office	Phone
Anne Arundel	410-673-9532
Baltimore City	443-254-5176
Baltimore County	410-583-4200
Prince George's	301-323-4740
Montgomery	240-314-1400
Howard	410-750-6771
Western Maryland, Allegany, Carroll & Washington	301-791-4545
Upper Shore, St. Charles, Talbot, Queen Anne's & Caroline	410-611-5801
Lower Shore, Wicomico, Somerset & Worcester	410-713-3430
Southern Maryland, Calvert, Charles & St. Mary's	301-475-3770
Harford & Cecil	410-549-2879
Frederick	301-496-9744
Cumt	410-549-6489

The Regional Offices investigate complaints to the Maryland State Department of Education, Office of Child Care (OCCC), Licensing Branch.

All confirmed violations against child care providers may be denied if www.maryland.gov/education

For additional information contact the Licensing Branch Chief at 410-342-6123.

Resources

Child Care Scholarship (CCS) - Assists eligible parents and families with child care expenses 1-877-527-6125 www.maryland.gov/education

Maryland ECCLE - Maryland's Quality Rating System for child care programs www.maryland.gov/education

Maryland Developmental Disabilities Council - Assistance with ADA Issues www.maryland.gov/education

Maryland Infants and Toddlers Program - Early intervention services for young children with developmental delays and disabilities and their families www.maryland.gov/education

Maryland Family Network - Assists parents in locating child care 1-877-261-0000 www.marylandfamilynetwork.org

Maryland Child - Information about child development, parenting, community resources, mental health, nutrition, literacy, and more. www.marylandchild.org

Maryland State Department of Education
Division of Early Childhood
300 West Baltimore Street
30th Floor
Baltimore, MD 21201
www.maryland.gov/education

Wes Moore, Governor
Mohamed Chaudhry,
State Superintendent of Schools
OCC 10/21 updated June 2020

Parent's Guide to Regulated/ Licensed Child Care



Information About Child Care Facilities

MARYLAND
EDUCATION

Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education, Office of Child Care (OCCC), Licensing Branch.

The Licensing Branch's thirteen Regional Offices are responsible for all regulatory activities, including:

- Inspecting child care licenses and registrations to child care facilities that meet state standards
- Inspecting child care facilities annually
- Providing technical assistance to child care providers
- Investigating complaints against regulated child care facilities
- Investigating reports of unlicensed (illegal) child care
- Taking enforcement action when necessary; and
- Partnering with community organizations and consumers to keep all children safe, safe, and healthy.

Regional governing the Maryland State Department of Education (MSDE) call under CCHS. Title 13A, Regulations that govern child care facilities and other information about the Office of Child Care may be found at: www.maryland.gov/education

What are the types of Child Care Facilities?

Family Child Care - care in a provider's home for up to eight children with no more than two under the age of two.

Large Family Child Care - care in a provider's home for 9-12 children.

Child Care Center - non-parental care in a group setting for part of a 24-hour day.

Letter of Compliance (LOC) - care in a child care center operated by a religious organization for children who attend that school.

All facilities must meet the following requirements:

- Must obtain the approval of OCCC, fee department, and local health department
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearance, and are not on the state offender registry
- Must obtain certification in First Aid and CPR
- Must maintain approved staff and student ratio and provide ACTIVE supervision at all times when children are in care
- Must offer a daily program of indoor and outdoor activities
- Must maintain a file with all required documentation for each enrolled child
- Must post and conduct evacuation plans, conduct fire drills, and emergency preparedness drills and
- Must report suspected abuse and neglect, and may not subject children to abuse, neglect, sexual injury, or injury treatment.

Did You Know?

- The provider's license or registration must be posted in a conspicuous place in the facility
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care.
- Parents/guardians may visit the facility without prior notification any time their children are present
- Written permission from parents/guardians is required for children to participate in any and all activities outside the facility
- All child care facilities must make reasonable accommodations for children with special needs
- A qualified teacher must be assigned to each group of children in a child care center
- Staff-child ratios must be maintained at all times in child care centers
- Parents/guardians must be immediately notified if children are injured or have an accident in care
- Parents/guardians may review the public portion of a licensing file and
- Check Child Care Maryland www.marylandchild.org is a resource for parents and families to monitor child care provider's license status, verified compliance, compliance history, and inspection results.

DO YOU HAVE CONCERNS?

Visit www.marylandchild.org to learn more information and register as an online referee. If you have concerns, don't hesitate to speak with your child's teacher or provider. Another child care provider and make a referral.

NEXT STEPS

1. Check out www.marylandchild.org to learn more information and register as an online referee. If you have concerns, don't hesitate to speak with your child's teacher or provider. Another child care provider and make a referral.

2. You'll want to share information about your concerns and potential actions you take with your local Infants and Toddlers Program. These steps will include planning for development of screening and/or evaluation to help determine if your child is eligible for services.

3. If your child is eligible, you will become a part of the early intervention team. Together you will develop a plan for supports and services. These will be provided at no cost and be tailored to your child's needs and abilities, such as your family's culture, language, and the child's age.

Anyone can submit a referral to the Maryland Infants and Toddlers Program available for eligible children younger than 36 months who live in Maryland.

referral.mditp.org
1-800-535-0182



Maryland
STATE DEPARTMENT OF EDUCATION

The Maryland State Department of Education (MSDE) is committed to ensuring that all children in Maryland have access to quality early learning experiences. To ensure that all children have access to quality early learning experiences, MSDE has created the Maryland Infants and Toddlers Program (MDITP). The MDITP is a voluntary program that provides early learning experiences for children under the age of three. The MDITP is a voluntary program that provides early learning experiences for children under the age of three. The MDITP is a voluntary program that provides early learning experiences for children under the age of three.

WE BEGIN EARLY TO FINISH STRONG



Maryland Infants and Toddlers Program

Supporting young children with developmental delays or disabilities and their families

Maryland
STATE DEPARTMENT OF EDUCATION

WORKING TOGETHER

Education Service Region 12 - 123
Information about the Maryland Infants and Toddlers Program

Under new state law, by January 1, 2023, each year a child care program must make at least one visit to the child's home and the Local Agency responsible for administering the Program available to the parent or guardian of a child under the age of 3 years.

This information can be found in your personal message line below or on the website www.marylandchild.org

If the parent or guardian requests, the child care program will make the parent or guardian available for a home visit and assessment for the Local Agency to provide the appropriate services.



JURISDICTION CONTACTS

JURISDICTION	INFANTS & TODDLERS
Allegany County	301-789-0415
Anne Arundel County	410-212-0300
Baltimore City	410-254-5176
Baltimore County	410-583-4200
Calvert County	404-680-6828
Carroll County	410-279-0210
Cecil County	410-675-4227
Cecil County	410-675-4227
Charles County	301-409-6888
Chesapeake County	410-212-0300
Frederick County	301-409-6888
Garrett County	330-633-0888
Harford County	410-638-5623
Howard County	410-638-5623
Prince George's County	301-409-6888
Queen Anne's County	410-638-5623
Somerset County	410-638-5623
St. Mary's County	301-409-6888
Talbot County	410-638-5623
Washington County	301-789-0415
Wicomico County	410-638-5623
Worcester County	410-638-5623

THE EARLIER THE BETTER

The Maryland Infants and Toddlers Program provides family resources support by:

- Establishing your child's and family's strengths
- Providing children's assessment your family's strengths and concerns
- Supporting you to know your rights, communicate effectively about your child, and to help your child achieve and learn.

The Maryland Infants and Toddlers Program is not a month of program that "teaches" children. While they may learn to read, speak, and write, and experience are a child's most important experiences. This early intervention is all you need to help your child by using a teaching model to design and implement individualized learning activities your child's daily routines and activities.

The outcomes for all children participating in the Maryland Infants and Toddlers Program are to:

- Develop positive social/emotional skills and relationships
- Acquire and use knowledge and skills and
- Use appropriate behavior to meet their needs.



Parent Initials _____

Date _____



Permission Agreements

- **Picture Permission Slip:**

_____ (child's name) has permission to be photographed at the center's discretion for advertisement, press release purpose, and for the yearbook.

Parent Signature: _____

- **Party Participation:**

_____ (child's name) has permission to participate in holiday parties hosted by the learning center during regular business hours.

Parent Signature: _____

- **Security Video Surveillance:**

Berlin Education Station has my permission to videotape _____ (child's name) for security purposes.

Parent Signature: _____

- **Handbook Receipt Acknowledgment:**

I, _____ parent of _____ (child's name) have received a parent handbook and am aware of all rules and policies of Berlin Education Station. I will abide by the center rules at all times. I have received a copy of the Regulated Guide to Child Care in my enrollment packet.

Parent Signature: _____

- **Diaper Cream Application Permission**

I, _____ parent of _____ (child's name) give permission for the application on non-prescription topical diaper cream by BES for my child. I understand the cream must be labeled with my child's name and within the expiration date to be used.

Parent Signature: _____

- **Sunscreen/Bug Spray Application Waiver**

I, _____ parent of _____ (child's name) give permission for BES to apply sunscreen to my child.

_____ (parent Initial) I acknowledge that I must provide sunscreen labeled with my child's name.

Parent Signature: _____

- **Activity/Risk of Injury Waiver**

I, _____ parent of _____ (child's name) understand that BES provides a very active program with physical activity that may take place in the gymnastics center. There are risks associated with these activities and I understand that injuries may occur due to the nature of the equipment and activities.

Parent Signature: _____

New Student In-Take Form

Child's Name: _____ Date: _____

Birthday: _____

Parent/Guardian Name: _____

SLEEPING ROUTINE Back to sleep is highly recommended

Pre-nap routines: _____

How many naps per day: _____ Length of nap: _____

What times: _____

Walking behavior/routine: _____

Special concerns: _____

EATING & DRINKING ROUTINE

JUICE-What kind: _____

When: _____

Amount: _____ Bottle: _____ Cup: _____

MILK/FORMULA-What kind: _____

When: _____

Amount: _____ Bottle: _____ Cup: _____

LIQUIDS CONT.:

OTHER

What kind: _____

When: _____

Amount: _____ Bottle: _____ Cup: _____

SOLIDS:

Type: _____

When: _____ Amount: _____

Does your child eat unassisted? _____ Does he/she enjoy eating?: _____

How is child fed? Help in lap: _____ Highchair: _____ Other: _____

Parent suggestions for feeding: _____

Any special feeding issues: _____

Any known FOOD ALLERGIES:

What kind of food does he/she like? _____

What kind of food does he/she dislike?

DIAPERING ROUTINE

Type of diapers used: _____

Are plastic pants used: _____

Is child's skin highly sensitive: _____ Frequent diaper rash: _____

Oil: _____ Powder: _____ Lotion: _____

Ointment: _____ Other: _____

Diaper cream/ointment can be used by BES staff preventatively, however once a rash is present, a doctor's note is required to apply any ointment or cream. All creams/ointments must be in the original containers.

Medication forms are available at the BES office.

Describe any special diapering procedures:

Are bowel movements regular: _____ How many per day: _____

Approximate times: _____

Is diarrhea a problem: _____ Constipation: _____

HEALTH & GROWTH INFORMATION

Does child have a 'fussy' time: _____ When: _____

How is this handled:

Does child sit up by him/herself: _____ Crawl: _____

Pull up: _____ Stand: _____ Walk: _____

Any known allergies other than food related-if so what:

Does he/she take any medication on regular basis-if so what:

All medications require a medication administration form to be completed with specific dates, times & dosages listed per illness. BES is not able to keep medicines on site for "as needed". All medications must be in the original labeled container/box with pharmacy information on it.

ACTIVITY ROUTINE

At home, my child can do the following activities:

I would like my child to learn to do the following activities:

Are there any special considerations that the staff need to know about your child:

*THIS CENTER ENSURES THAT DAILY EVERY CHILD IS:
HELD, PLAYED WITH AND TALKED TO; EXCEPT WHEN SLEEPING.
GIVEN OPPORTUNITIES TO SIT, CRAWL, TODDLE OR WALK OUTSIDE THE INFANT’S CRIB; EXCEPT IN
INCLEMENT WEATHER, TAKEN OUTDOORS.*

Enrollment date: _____

(Parent/Guardian Signature)

(Date)

(Lead Teacher Signature)

(Date)

(Assistant Teacher Signature)

(Date)

UPDATED ARE REQUIRED AT LEAST EVERY THREE MONTHS AND INITIALS OF THE PARENT(S) ARE NECESSARY

UPDATES:

(Parent/Guardian Signature)

(Date)

CHANGES: _____

UPDATES:

(Parent/Guardian Signature)

(Date)

CHANGES: _____

UPDATES:

(Parent/Guardian Signature)

(Date)

CHANGES: _____

UPDATES:

(Parent/Guardian Signature)

(Date)

CHANGES: _____



Start Date: _____

Birth Date: _____

Child's Name: _____
First Middle Last

Does your child have a nickname he/she would prefer to use? _____

Sibling's names and ages: _____

Please list other members of the household: _____

Are there other adults that care for your child? _____

Please help us get to know your child by completing the following information. All information is kept confidential and shared only with the classroom teachers.

Health History: Does your child have:

Any known allergies (food, environmental, medication)? _____

Any medications taken regularly? _____

Have any physical disabilities? _____

Have there been any serious illnesses or hospitalizations? _____

Receive assistance from Child Find or received assistance in the past from Birth to Three? _____

If so, does your child have an IEP? _____

Please note if your child does have an IEP, that information must be shared with the classroom teacher so that we can work together to help your child succeed.

Family:

What language(s) are spoken at home? _____

What language(s) does your child speak? _____

What holidays are celebrated in the home? _____

What are some of your child's favorite activities? _____

How does your child handle anger and frustration? _____

What steps do you take when your child is angry/frustrated/not listening? _____

Does your child wander away or hide while in public places? _____

Does your child indicate when he/she needs to use the bathroom? _____

Does your child have frequent toilet accidents? _____

Does your child wipe himself/herself after a bowel movement? _____

Does your child need assistance with clothing when using the bathroom? _____

Is your child able to dress self (put on and remove basic clothing and outerwear)? _____

Does your child nap? (Please circle) Daily 2-3x week Rarely

What is your child's night sleep schedule? _____

Personal/Social Relationships:

Has your child had any previous school or play experience? _____ If yes, where and for how long? _____

Was this a good experience for your child? _____

Generally, how does your child adjust to new experiences? _____

Who does your child seem to enjoy spending time with when given a choice, children or adults? _____

What would you like your child to gain from this experience? _____

What do you feel are your child's assets/qualities? _____

In what areas of your child's development do you feel he/she needs encouragement? _____

Is there any further information you would like to share about your child? _____

Families are encouraged to become involved in Center activities. Please check any areas in which you would like to enrich the lives of the children in your child's program. This is strictly volunteer and would be according to your schedule. We really appreciate any help you can give us!

- _____ Volunteering to read a story or help with an art project
- _____ Giving time as a family to work in the garden area
- _____ Helping with fundraising
- _____ Sharing a special talent
- _____ Sharing information about your job
- _____ Copying surveys/manuals/information etc.
- _____ Making dinner for staff for their monthly night staff meetings
- _____ Doing a cooking project in the classroom
- _____ Being a classroom representative
- _____ Joining the Board of Directors
- _____ Anywhere needed
- _____ Other Suggestions

To help us determine other ways that you could be involved, please answer the following:

Parent's/Guardian's Job Title(s)

Parent or Guardian (Please Print)

Date



Ages & Stages Questionnaire CONSENT FORM

The first 5 years of life are very important for your child(ren) because this time sets the stage for success in school and later life. During infancy and early childhood, your child(ren) will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and select the desired option to indicate whether you will participate in the screening/monitoring program.

_____ I have read the provided information about the Ages & Stages Questionnaires, and I wish to have my child(ren) participate in the monitoring program. I will fill out the questionnaires about my child's development and promptly return the completed questionnaires through the online questionnaire completion system.

_____ I do **not** wish to participate. I have read the provided information about the Ages & Stages Questionnaires and understand the purpose of this program.

Parent or Guardian's signature

Parent or Guardian's name

Child's Name

Date

Berlin Education Station
10008 Old Ocean City Blvd
Berlin, MD 21811
410-629-1630
information@berlinactivitiesdepot.com



PARENT VIDEO STREAMING AND AI RELEASE AGREEMENT

I understand that I have enrolled my child or children at **Berlin Education Station** located at 10008 Old Ocean City Blvd, Berlin MD 21811. The Berlin Education Station has a program whereby video cameras are in use and myself and my child(ren) are under constant surveillance via streaming video and Ai technology. By my signature below, I hereby acknowledge and provide my consent for the following:

Video Streaming:

- I acknowledge that Berlin Education Station will have for an undisclosed time period, Video recordings of myself and my enrolled child(ren).
- I acknowledge that I have no rights to any of the video footage or photographs for any reason at any time.
- I acknowledge that Berlin Education Station may participate in PB&J TV's live streaming program where parents and their family members will be able to access the video streams through a secure online portal and viewing app during operating hours.
- I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member's account activity associated with my child or children. Copyrighted work includes all web streaming and video recordings. I understand that legal action can be taken against me by PB&J or Berlin Education Station for such copy-right infringement. I understand that the term "photograph" as used herein encompasses still photographs and motion picture footage.

Ai Tools:

- I acknowledge that AI technology is inherently complex and can, at times, produce inconsistent or misrepresented results and the Customer understands the limitations of AI technology and its potential implications on safety, property, brand reputation, and revenue.
- I hereby exempt and waive Berlin Education Station and PB&J TV from any liability or responsibility for failures, inconsistencies, or misrepresented results arising from the use of AI technology in the camera systems, which may result in any of the following: Loss of life, Damages to property, Damage to brand reputation, and Loss of revenue.
- I acknowledge that AI technology is a tool that may provide varying levels of accuracy and performance and, under no circumstances, holds PB&J TV responsible for any discrepancies, errors, or inconsistencies in AI-generated results.
- I agree to indemnify and hold Berlin Education Station and PB&J TV harmless from any claims, demands, damages, or liabilities, including legal fees, arising from any issues.

Print Name: _____ Child's Name: _____

Signature: _____

Date: _____

Thank you for choosing Berlin Education Station! Below is a list of the programs for our different age groups:

**New Beginnings Wing-(Caterpillars/Bees/Turtles/Toucans/Starfish)
Grow, Learn and Discover in our Warm and Nurturing Environment!**

- This program allows your child to learn and grow in an environment that stimulates them through each stage of this special time. We have a daily classroom schedule which includes Circle, Tummy Time, Art, Story Time, Baby Yoga, and Sign Language. But first and foremost, we follow each baby's individual development plan that you the parent have provided for us. Our Curriculum includes Maryland Healthy Beginnings, a standard based assessment education.
- Our center has Five classrooms designed and licensed for infants and toddlers.
- The Office of Child Care Teacher/Child ratio is 1:3 or 1:6 depending on the age.
- The program is designed to stimulate your child's learning ability. We focus primarily on early communication, colors, and shapes.
- Our creative curriculum allows us to construct developmentally appropriate lesson plans that are specifically geared towards your child's growth.
- Each Infant/ Toddler Room is equipped for ages six weeks through thirty-months.

(Note: In some instances, due to ratio requirements, your child may be dropped off in a room that is not their initial classroom. We manage classroom placement from youngest to oldest. Please note they will be moved into their classrooms as soon as their teachers arrive. In this case, the children will follow the schedule of the classroom they are currently in.)

**Jellyfish/Tigers
Fostering Creativity and Independence for Developing Minds
In the Spring, Summer, and Fall educational instruction may be held outside.**

- Independent and Critical Thinking is inspired through curiosity, discovery, and exploration. Our Curriculum includes McGraw Hill and Creative Curriculum, Spanish, Sign Language, Music, Fine and Gross Motor Development, Independent, Small and Large Group Learning, Play and Experiences, Circle Time, Science, Social Skills, Art and Sensory.
- The classroom is designed to hold 12-20 students depending on ages and licensing requirements.
- All daily activities are developmentally appropriate and focus on various concepts such as letters, numbers, colors, and shapes.
- The children will also learn to recognize their names.
- Our teachers are trained to develop lesson plans that will enrich your child and encourage them to discover each day through art and sensory.
- Our lead staff are Office of Childcare teacher qualified and many hold degrees. This helps ensure exceptional care. Our teachers are warm and educated far beyond the Department of Education's requirements. As an accredited center with an Excels Level 5 Credential, our teachers must maintain high levels of credentialing and are required to take courses annually to improve best practices and develop professionally.

(Note: In some instances, due to ratio purposes, your child may be dropped off in a room that is not their classroom. Please note they will be moved into their classrooms as soon as their teachers arrive. In this case, the children will follow the schedule of the classroom they are currently in)

**Leaping Lizards
Accelerated Academics through Social and Emotional Interaction Concentration.
In the Spring, Summer, and Fall educational instruction may be held outside.**

- Our Curriculum includes Frog Street Curriculum, Spanish, Writing and Phonetics, Math and Manipulatives, Science and Sensory, Sign Language, Art and Sensory, Cooperative Play, Music and Movement, Choice, and Guided Learning. Our program paves the way for a strong academic future.
- Our early preschool is designed to help your children develop the skills that are necessary for school. Our children will learn skills such as letters, writing, shapes, and peer interaction.
- The daily activities promote growth of each child's social, emotional, and physical development.
- They will be provided with various exciting learning opportunities daily in the form of music and movement, small and whole group instruction, and centers and manipulative activities.
- We have one classroom specifically designed for our three-year old's. They follow a schedule cohesive to their development.

Berlin Activities Depot Guidance and Discipline Policy

Professionals who work with young children expect to be met with challenging behavior from time to time. The **overarching goal** of the Berlin Activities Depot (BAD) guidance policy is to **reflect on the form and function of children's challenging behavior** and **provide developmentally appropriate guidance strategies to help children meet program expectations—be safe, be kind, be responsible**. The administrative and teaching staff take this responsibility seriously and we convey our policies and approaches to all families, staff, and practicum students in our community.

At BAD, we define challenging behavior as any behavior that:

- interferes with children's learning, development and success at play;
- is harmful to the child, other children or adults; or
- puts a child at high risk for later social problems or school failure.

Challenging behavior may be direct (e.g., hitting, pushing, biting, kicking) **or indirect** (e.g., teasing, ignoring rules or instructions, excluding others, name-calling, destroying objects, having temper tantrums). **Often**, these **challenging behaviors are developmentally appropriate, typical, and normal**—and they change with support and social, emotional, and cognitive development.

BAD applies the **Pyramid Model** as a framework for promoting young children's healthy social and emotional development.



We set the stage for success by employing an effective staff, preparing high-quality supportive environments, and building and maintaining nurturing and responsive relationships. This **UNIVERSAL PROMOTION OF THE SOCIAL DEVELOPMENT** of all children **includes the following components**:

Staff **design the physical environment to minimize conflict**. They provide multiples of toys and materials for groups of children, define classroom and outdoor areas clearly to allow for both active and quiet play, and strive to maintain an appropriately calm level of stimulation.

- Staff **maintain age-appropriate expectations** for children's behavior. They attempt to minimize unreasonable waiting and transition times and limit the length of large group and teacher-directed activity times according to children's developmental levels. Staff afford children large blocks of uninterrupted, but well supervised, time during which to make their own activity choices.
- Adults **closely observe and supervise children's activities and interactions**. They observe challenging behavior to identify events, activities, interactions, and other contextual factors that may predict and/or contribute to it. With low ratios of adults to children and staff emphasis on attentive observation, they can often intervene to guide children before situations escalate.

SECONDARY PREVENTION PRACTICES target social emotional strategies to **prevent problems**. Adults provide explicit instruction and support as they **model self-regulation, coach children to express and understand emotions**. Staff show that we can accept, manage and communicate feelings in direct and non-aggressive ways. They let children know through words and actions that they are not fearful of a child's intense emotions and will not punish, threaten or withdraw from them.

- Staff **help children describe problems, generate possible solutions, and think through logical consequences of their actions**. The adult role is to be a helper in positive problem solving. Staff want children to value cooperation and teamwork; adults help them to learn peaceful approaches to interacting.

TERTIARY INTERVENTIONS are used to provide **individualized support** for children with persistent challenges. Such **interventions are family-centered, assessment-based, and comprehensive**. They emphasize skill-building and include graduated behavior supports. General guidelines include the following:

- **Guidance, will always be positive, productive and immediate** when behavior is not in alignment with classroom expectations. **Under no circumstances will a child be humiliated, shamed, frightened, coerced or subjected to physical punishment or verbal, physical or psychological abuse by any staff member or volunteer working in BAD programs.**
- **Children whose behavior endangers others will be temporarily supervised in a location within the indoor/outdoor classroom that is safe.** Staff do not use seclusion or "time out" (the traditional chair in the corner). The intention of this intervention is for adult to support co-regulation. Staff will model and coach self-calming strategies. As the child appears ready, they will then process the problem with the staff member and any other concerned parties. Staff stay close to support emotional needs, ensure all child(ren)'s safety, and prompt prosocial skills to support the child(ren)'s successful reentry into play and learning.
- For children with persistent, serious, challenging behavior, **teachers, families, and other professionals work as a team to observe, document, and develop and implement an individualized action plan of graduated behavior supports** that will address the behavior and facilitate the child's inclusion and success.

STAFF MAY NEVER USE PHYSICAL PUNISHMENT, PSYCHOLOGICAL ABUSE, OR COERCION when disciplining a child.

- Examples of physical punishment: Shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling of arms, hair, or ears; requiring a child to remain inactive for a long period of time.
- Examples of psychological abuse: shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, withholding affection, **seclusion**.

- Examples of coercion: Rough handling (shoving, pulling, pushing, grasping any body part); **physical restraint** (forcing a child to sit down, lie down, or stay down) except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up).

NOTE: The use of a physical escort, “the temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location properly used when necessary to protect the child or others from harm is NOT coercion (H.R. 7124 — 115th Congress: Keeping All Students Safe Act.” www.GovTrack.us. 2018. February 1, 2024 <https://www.govtrack.us/congress/bills/115/hr7124>).

Every member of the BAD professional staff understands and follows our disciplinary approach as well as the standards on guidance and management in our Maryland State Licensing Regulations ([Pages - COMAR Search \(maryland.gov\)](#)).

When a pattern of behavior persists that endangers self, others or property, or significantly disrupts the program, **we will work with a child’s family to find solutions**, up to and including referral for outside services or exclusion from the BAD program. **Exclusion will always be a last resort**, after all other possible interventions have been exhausted and there is agreement that a different setting is in the best interest of the child. In that circumstance, BAD will offer assistance to the family in accessing services and an alternative placement. **Our actions will always comply with federal and state civil rights laws.**

Child’s Name: _____

Parent’s Printed Name: _____

Parent’s Signature and Date: _____