



2025-2026
BEFORE & AFTER SCHOOL
Pre-Registration Packet

10008 Old Ocean City Blvd
Berlin, MD 21811

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information@berlinactivitiesdepot.com

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-The update comes out every Summer
Parent Contract/Enrollment Agreement	Please read carefully and sign
Parents Guide to Regulated Childcare Initial here: 	Read pages 14 and 15 carefully and initial here
Meal/Picture/Party Permission slips/Handbook 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

**2025-
2026**

2025-2026 School Age Program Registration – Kindergarten & Older

Child's Name: _____
School Attending: _____

DOB: _____
Grade: _____

TUITION INFORMATION & FEES

The Before & After School Program will run daily in the morning from 730am-van drop off/bus pick up and in the afternoon from bus drop off/van pick up until 5:30pm. The program will include breakfast in the morning before school and an after school snack. Early dismissals and days off school are not included in basic care and children will need to sign up ahead of time for those needed days. All other costs are outlined below.

****Our Wrap Around Option includes all ½ Days and Full Days Off School in the gym without the need to sign up and pay later.**

____ Before School ONLY	\$90/week		
____ Before & After School 5yrs+	\$130/week	____ WRAP AROUND 5+	\$180/week
____ PreK Before & After School 3-4yrs	\$150/week	____ WRAP AROUND PreK	\$200/week
____ Van Transportation Fee	\$10/week		

**Van transportation fee applies to any child attending SES, OCES, BIS, and Worcester Prep.*

- Weather Delays (included in wrap around!) \$15/day

- ½ Days Off and Full Days Off – through Gym Registration \$45-\$75/day

Register for Half and Full Days off School through the gymnastics side of the business

ADD ON'S:

____ Early Bird AM Care 6:45-7:30am	\$45/week
____ Extended PM Care 5:30-6:00pm	\$30/week

Gymnastics classes will be offered to all school-age children with a 25% discount. Registration for gymnastics classes is handled through the gym front desk. Please contact the gym front desk for more information or to enroll in gymnastics classes.

- By signing below, I agree to enroll my child in the school age program at Berlin Education Station for the 2025-2026 school year. I understand that a 30-day written notice is required to change/terminate my childcare services. I further agree that I have read the family handbook and understand all policies outlined therein.
- Transportation waiver – By signing below, I agree to allow Twisters, Inc to transport my child to/from school for the 2025-2026 school year.
 - My child requires ____ booster seat or ____ seat belt (please check one).
 - I understand that Twisters, Inc will follow all OCC transportation regulations and will not hold Twisters, Inc or any of its employees liable for any accidents or injuries.

Parent Name: _____ Signature: _____ Date: _____

____ I authorize the charge for the \$75.00 registration fee to secure my child's spot for the 2025-2026 school year.

*The Curriculum Fee equal to one week of tuition is also due at registration for all new students or returning students who have gone inactive.

Office Use:

Date Received: _____ Office Staff Initials: _____

Registration Fees Pd. _____ Child Enrolled _____ All PPW Received _____

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 rules 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 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Our center accepts all major credit cards.

COMPLETE ONE SECTION ONLY

Section A (Credit Card)

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

Section B (Bank Account)

<div></div>		<div></div>	
Your Name	Phone #		
<div></div>		<div></div>	<div></div>
Address	City	State	Zip
<div></div>		<div></div>	
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
<div></div>		<div></div>	<div></div>
Routing Number	Account Number	Checking	Savings
<div></div>		<div></div>	
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.

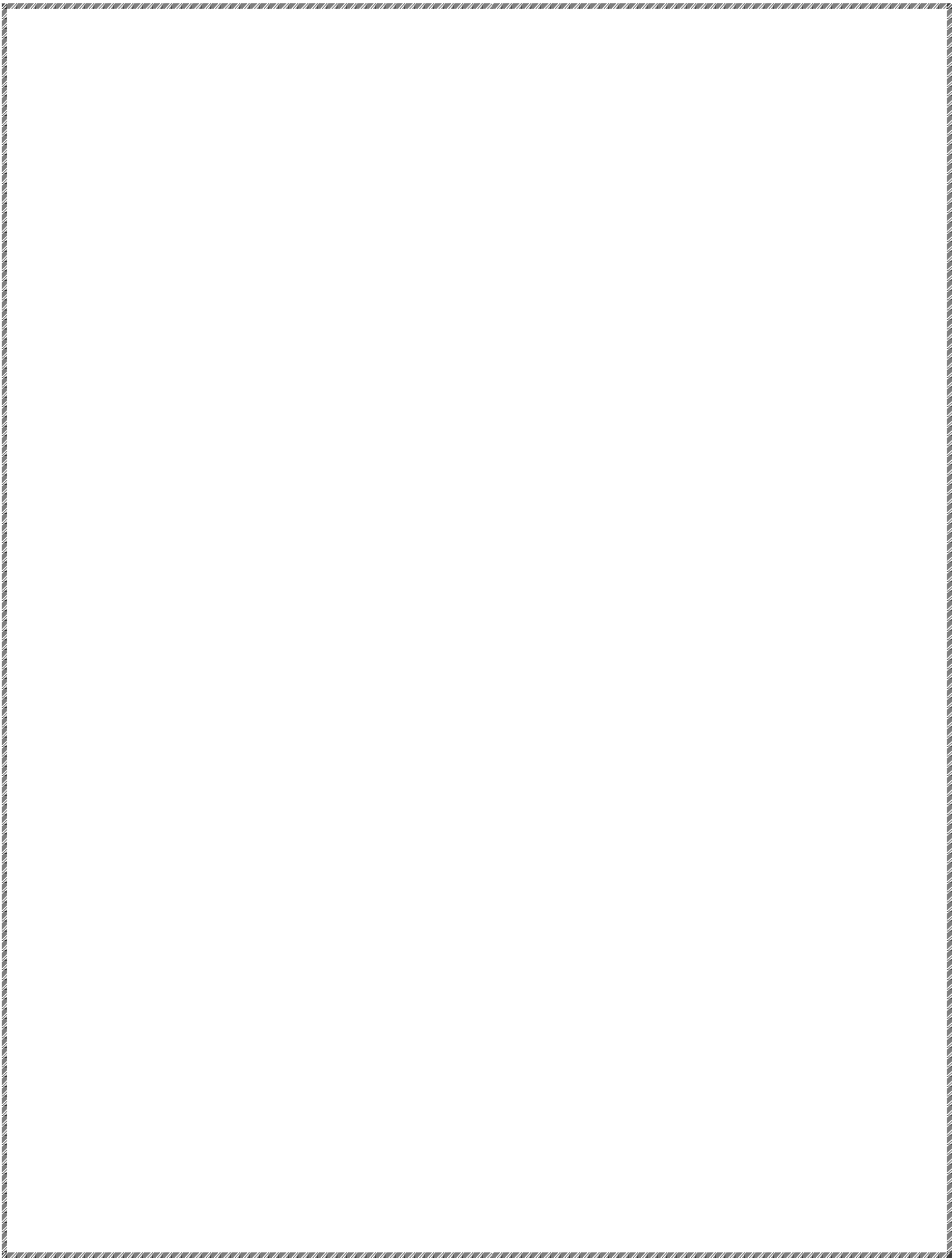
The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

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 <input type="checkbox"/> F <input type="checkbox"/>
Last First Middle			Mo / Day / Yr		
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		Your Child's Routine Dental Care Provider		Last Time Child Seen for	
Name:		Name:		Physical Exam:	
Address:		Address:		Dental Care:	
Phone #		Phone		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.)	<input type="checkbox"/>	<input type="checkbox"/>			
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>			
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Bladder	<input type="checkbox"/>	<input type="checkbox"/>			
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>			
Bowels	<input type="checkbox"/>	<input type="checkbox"/>			
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>			
Coughing	<input type="checkbox"/>	<input type="checkbox"/>			
Communication	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>			
Feeding	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poison/Exposure complete DHMH4620	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>			
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>			
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>			
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>			
Seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>			
Surgery	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			
Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?					
<input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) of medication(s): _____					
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Counseling etc.)					
<input type="checkbox"/> No <input type="checkbox"/> Yes, type of treatment: _____					
Does your child require any special procedures? (Urinary Catheterization, G-Tube feeding, Transfer, etc.)					
<input type="checkbox"/> No <input type="checkbox"/> 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 M <input type="checkbox"/> F <input type="checkbox"/>	
Last First Middle				Month / Day / Year					
1. Does the child named above have a diagnosed medical condition? <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____									
3. PE Findings									
Health Area		WNL	ABNL	Not Evaluated	Health Area		WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 Title	Clinic/Office Name, Address, Phone
_____ Signature Date	
2. _____ Name Title	
_____ Signature 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

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 <small>(For example 7:30 AM – 5 PM)</small> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>Hours from:</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div>to</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	Check (✓) the days your child normally attends: <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Monday</div> <div style="width: 50%;"><input type="checkbox"/> Thursday</div> <div style="width: 50%;"><input type="checkbox"/> Tuesday</div> <div style="width: 50%;"><input type="checkbox"/> Friday</div> <div style="width: 50%;"><input type="checkbox"/> Wednesday</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Saturday</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Sunday</div> </div>	Check (✓) the meals that your child will receive while in care: <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Breakfast</div> <div style="width: 50%;"><input checked="" type="checkbox"/> AM Snack</div> <div style="width: 50%;"><input type="checkbox"/> Lunch</div> <div style="width: 50%;"><input type="checkbox"/> PM Snack</div> <div style="width: 50%;"><input type="checkbox"/> Supper</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Evening Snack</div> </div>

2. Child's Name		Child's Date of Birth (MM/DD/YYYY)
Times Child Normally in Care <small>(For example 7:30 AM – 5 PM)</small> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>Hours from:</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div>to</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	Check (✓) the days your child normally attends: <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Monday</div> <div style="width: 50%;"><input type="checkbox"/> Thursday</div> <div style="width: 50%;"><input type="checkbox"/> Tuesday</div> <div style="width: 50%;"><input type="checkbox"/> Friday</div> <div style="width: 50%;"><input type="checkbox"/> Wednesday</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Saturday</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Sunday</div> </div>	Check (✓) the meals that your child will receive while in care: <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Breakfast</div> <div style="width: 50%;"><input checked="" type="checkbox"/> AM Snack</div> <div style="width: 50%;"><input type="checkbox"/> Lunch</div> <div style="width: 50%;"><input type="checkbox"/> PM Snack</div> <div style="width: 50%;"><input type="checkbox"/> Supper</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Evening Snack</div> </div>

3. Child's Name		Child's Date of Birth (MM/DD/YYYY)
Times Child Normally in Care <small>(For example 7:30 AM – 5 PM)</small> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div>Hours from:</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div>to</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	Check (✓) the days your child normally attends: <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Monday</div> <div style="width: 50%;"><input type="checkbox"/> Thursday</div> <div style="width: 50%;"><input type="checkbox"/> Tuesday</div> <div style="width: 50%;"><input type="checkbox"/> Friday</div> <div style="width: 50%;"><input type="checkbox"/> Wednesday</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Saturday</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Sunday</div> </div>	Check (✓) the meals that your child will receive while in care: <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> Breakfast</div> <div style="width: 50%;"><input checked="" type="checkbox"/> AM Snack</div> <div style="width: 50%;"><input type="checkbox"/> Lunch</div> <div style="width: 50%;"><input type="checkbox"/> PM Snack</div> <div style="width: 50%;"><input type="checkbox"/> Supper</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Evening Snack</div> </div>

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

DO YOU HAVE CONCERNS?

Visit mditp.org to learn developmental milestones for young children and see if your child's growth and development are on track for their age. If you have concerns, don't hesitate to speak with your child's healthcare provider, another child care provider, and more.

NEXT STEPS

1. Check out mditp.org to learn more information and complete an online referral. You can also call 800-535-0182 to get more information for your local office and Toddler Program.
2. There will soon be more information about your concerns and possible actions to take with your local office and Toddler Program. Next steps will include planning for development of necessary services 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 support and services. There will be provided at no cost and in familiar places where your child has been playing, such as your home, child care program, the park, or the library.

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 (SDE) is committed to ensuring that all children have the opportunity to learn, grow, and thrive. We are committed to providing the highest quality of care and services to all children, regardless of their background, race, ethnicity, or ability. We are committed to ensuring that all children have the opportunity to learn, grow, and thrive.

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 Article Section 12-118
Information about the Maryland Infants and Toddlers Program

Under new State law, beginning July 1, 2023, each year a child care program and the Local Agency responsible for administering the Program will be able to provide care to children under the age of 3 years.

This information can be provided via personal message (including email), website, or other digital means or through newsletter and message.

If the parent or guardian requests that a care program shall assist the parent or guardian with scheduling, visit, and assessment for the Local Agency to provide the appropriate services.



JURISDICTION CONTACTS

JURISDICTION	INFANTS & TODDLERS
Allegany County	301-789-0438
Anne Arundel County	410-414-0360
Baltimore City County	410-241-6661
Baltimore County	410-400-0349
Calvert County	410-804-0888
Cecil County	410-479-0366
Charles County	410-479-0366
Frederick County	410-479-0366
Garrett County	410-479-0366
Howard County	410-479-0366
Montgomery County	410-479-0366
Prince George's County	410-479-0366
Queen Anne's County	410-479-0366
St. Mary's County	410-479-0366
Talbot County	410-479-0366
Washington County	410-479-0366
Worcester County	410-479-0366

THE EARLIER THE BETTER

The Maryland Infants and Toddlers Program provides family-centered support by:

- Building on your child's and family's strengths
- Providing information to support your family's understanding and learning
- Supporting you to know your rights, communicate effectively about your child, and help your child develop and learn.

The Maryland Infants and Toddlers Program is not a medical program that "fixes" children. While they may have some special needs, families and programs are a child's most important teachers. The early intervention team will partner with you by using a teaching model to design and implement individualized services to help your child's ability to learn, grow, and thrive.

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

- Develop positive relationships with others and relationships
- Develop and use knowledge and skills and
- Use appropriate behaviors to meet their needs.



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

Regional Offices	Phone
Anne Arundel	410-673-9532
Baltimore City	443-354-5176
Baltimore County	410-583-6200
Prince George's	301-323-6940
Montgomery	240-314-1400
Howard	410-750-6771
Western Maryland, Allegany, Garrett & Washington	301-791-4565
Upper Shore, Kent, Queen Anne's & Caroline	410-419-5801
Lower Shore, Wicomico, Somerset & Worcester	410-713-3430
Southern Maryland, Calvert, Charles & St. Mary's	301-475-3770
Harford & Cecil	410-549-0879
Frederick	301-456-0766
Cumt	410-549-4480

The Regional Offices investigate complaints to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at www.maryland.gov.

For additional help, you may contact the Licensing Branch Chief at 410-743-6133.

Resources

Child Care Scholarship (CCS) - Assists eligible low-income families with children under the age of 5.
1-877-527-6125 www.maryland.gov

Maryland DRILLS - Maryland's Quality Rating System for child care programs.
www.maryland.gov

Maryland Developmental Disabilities Council - Assistance with ADA issues.
www.maryland.gov

Maryland Infants and Toddlers Program - Early intervention services for young children with developmental delays and disabilities and their families.
mditp.org

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

Maryland Child Welfare Services - Assists families with child welfare issues, including foster care, adoption, and more.
www.maryland.gov

Maryland State Department of Education
Division of Early Childhood
300 West Baltimore Street
Baltimore, MD 21201
www.maryland.gov

Wes Moore, Governor
Mohamed Chaudhry, State Superintendent of Schools
DCE 18018 updated June 2023

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 (OCC), Licensing Branch.

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

- Inspecting child care facilities and registration 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 in care safe and healthy.

For more information, please contact the Licensing Branch Chief at 410-743-6133.

For more information, please contact the Licensing Branch Chief at 410-743-6133.

What are the types of Child Care Facilities?

Family Child Care - care in a provider's home for up to eight (8) children, 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 their school.

All facilities must meet the following requirements:

- Must obtain the approval of OCC, fee department, and local government
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearance, and are not on the state offender registry
- Must maintain 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 approved 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 physical 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, emergency procedures, the use of medication, 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-to-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.maryland.gov) is a resource for parents and families to view child care provider's license status, verified compliance, compliance history, and inspection results.

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: _____



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: _____

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: _____