



HARFORD
COMMUNITY COLLEGE

EARLY LEARNING CENTER
**FAMILY HANDBOOK AND
REGISTRATION FORMS**

2022-2023

License #68435

443.412.2393

go.harford.edu/ELC

Welcome

We are delighted that you have chosen to enroll your child in our program. The ELC is a safe and nurturing learning environment for children ages 2-5. We have an MSDE-approved curriculum that is used in all classrooms. The ELC participates in Maryland EXCELS. All staff are dedicated to helping your child grow and develop to their fullest potential.

Enclosed you will find school policies and registration forms to enroll your child in the 2022-2023 program. Please read the school policies of HCC's Early Learning Center carefully so there is no confusion for the school year. Complete and return all forms to ensure your child's enrollment along with all applicable fees.

Registration is accepted on a first-come, first served basis, so we encourage your response as soon as possible. A space is not confirmed until you have confirmation from the director.

We hope that your child will have many great learning experiences at the Early Learning Center.

Sincerely,

Jennifer Eder

Early Learning Center Director

443.412.2393 | jenter@harford.edu

Full-Day Preschool

Harford Community College's Early Learning Center provides full day preschool for two-, three-, four- and five-year-olds. Accepting enrollments year-round.

You have the option of full-time preschool (4 days per week or more) or partial week (3 or fewer full days per week).

- Balanced instruction in language arts, math and science—plus art, crafts, drama, and storytime
- Breakfast and snack provided
- Affordable tuition with discounts for HCC students/staff
- Center operation hours are 7 AM to 5:30 PM.

Tuition and Fees:

Part-Time (3 days a week or less)

- 2/3-year-olds: \$195/week
- 3/4-year-olds: \$190/week
- 4/5-year-olds: \$190/week

Full-Time (4 days a week or more)

- 2/3-year-olds: \$260/week
- 3/4-year-olds: \$250/week
- 4/5-year-olds: \$250/week

Half-Day Preschool

Harford Community College's Early Learning Center provides half-day preschool for two-, three-, and four-year-olds. Enrollment for September-May.

Registration fee is \$99 due at registration.

Young 3-year-olds (For students who miss the Harford County regulated cut-off date. Students must be 3 by DEC 31.)

- TUE & THU | AM Session: 9-11:30 AM
- Tuition: \$165/month

3-year-olds (For students who turn 3 by SEP 1)

- TUE & THU | AM Session: 9-11:30 AM
- Tuition: \$165/month

3-year-olds (For students who turn 3 by SEP 1)

- MON/WED/FRI | AM Session: 9-11:45 AM
- Tuition: \$195/month

4/5-year-olds (For students who turn 4 by SEP 1)

- MON/WED/FRI | 9 AM-12 PM
- Tuition: \$225/month

4/5-year-olds (For students who turn 4 by SEP 1)

- MON-FRI | 9AM-12PM
- Tuition: \$325/month

Early Learning Center Philosophy Statement

The Harford Community College Early Learning Center provides a nurturing, caring, safe and developmentally appropriate environment for our children of all abilities. We utilize MSDE curriculum that will ensure that our children are well prepared for the next step in their educational journey. Our goal is to encourage children to develop emotionally and intellectually while gaining a positive self-image. Our teachers, staff, and families will work together to provide a cohesive learning environment. Our teachers and staff support all learning activities that encourage problem solving and critical thinking. We believe that the children should have frequent opportunities to make choices throughout the day based on their interests. Our teachers use positive reinforcement and establish reasonable guidelines in our classrooms.

All children are provided with the same opportunities to engage and interact with their peers and teachers on a daily basis. Our schedule provides the opportunities for teacher-directed activities and child-initiated activities in their primary language. Our family's social and cultural influences are continuously included in our instruction and will help cultivate an unbiased environment in our classrooms and society. The ELC believes in open communication with our families in order to provide the best outcome for your children.

Learning Materials/Lesson Plans

In order for children to actively learn and develop, the ELC selects developmentally appropriate learning materials specific for each age group at the center. We understand the children progress at different rates; therefore, each classroom is equipped with a variety of skill and age level materials such as puzzles that have knobs and puzzles with smaller pieces. Teachers determine this by observation and other assessment tools. We select materials by researching their validity to each classroom and look for those designed to benefit multiple children in multiple rooms. We choose materials that will interest children and represent their culture and abilities. Materials for each classroom are placed on low shelves, which are easily accessible for all students. Each classroom has several centers for all students to explore. The teacher rotates the materials in each center once a month, (ex: large Duplo blocks, Little People (people, cars, houses) and picture books). When selecting books, games and other classroom materials such as posters for the room, teachers consider their students' cultural backgrounds and primary languages.

Just as we take into consideration each child's age, interest, and developmental ability when planning for

the materials, we do the same in our lesson planning process. We observe the children and make notes in their file, interact with them, and get to know them, their abilities, and their areas of difficulty and strengths to adjust our lessons and plan accordingly. As always, if a child has an IEP or IFSP, we make modifications to assist them. We build in whole group lessons, small group activities, as well as one-on-one time to accommodate all of our students.

Community Resource Information

The ELC has a parent bulletin board which has information regarding resources such as WIC, Health Department, Infant & Toddler, and Child Find etc. The community board is updated with events and information as it is received from Harford County Health Department, Maryland EXCELS, social media and HCC and is updated monthly. The ELC receives updates through emails from HCC and Maryland EXCELS. We also check the Health Department, HCPS & HCPS Child Find, Harford County Government and Harford County Public Library websites on a monthly basis for latest updates and/or resources that may benefit our families. The ELC provides our families with the most up to date information regarding new programs and initiatives available in our local area through our resource board.

Family Conferences

The ELC holds formal family conferences twice during the school year. Our conferences will be held in November and April. Parents/ guardians will be notified by email and monthly newsletters when conferences are. A form will also be sent home to sign up for the conference that will be returned to the teacher.

Developmental Progress

Teachers observe the children and make notes in their file, interact with them, and get to know them, their abilities, and their areas of difficulty and strengths to adjust our lessons and plan accordingly. Informal assessments, which include interactions with peers, one-on-one conversations, student assessment checklist and updating each students' portfolio with writing and art samples, occur daily in the classroom by the teacher and aide. Formal assessments are conducted in January. Parent conferences will follow formal assessments in February. As always, if a child has an IEP or IFSP, we make modifications to assist them. We build in whole group lessons, small group activities, transition time as well as one-on-one time to accommodate all of our students. All classrooms have a library area with diversified materials for reading at a variety of levels and abilities.

Behavior Policy

We believe that praise and positive reinforcement are effective methods of behavior management for our children in school. When children receive positive, nonviolent, and understanding interactions from adults, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this, the ELC uses a positive approach to discipline and practices the following discipline and behavior management techniques.

What we do:

- Communicate to children using positive statements.
- Communicate with children on their level.
- Talk with children in a calm quiet manner.
- Explain the unacceptable behavior.
- Give attention for positive behavior.
- Praise and encourage children.
- Reason with and set limits for the children.
- Teacher has children help develop the classroom rules and review them daily.
- Model appropriate behavior.
- Provide alternatives and redirect children to acceptable activities (ex., if 2 children want to play with the same toy, the teacher will either model how to share the toy or redirect a child to another suitable toy that they are interested in).
- Children are given opportunities to make choices (ex., centers) and solve problems.
- Assist children in talking out problems and come up with solutions.
- Listen and respect children's needs, desires and feelings.
- Provide appropriate words to help solve conflict.

What we do not do:

- Use physical force to the body which includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.
- Use any strategy that hurts, shames, or belittles a child.
- Use any strategy that threatens, intimidates, or forces a child.
- Use food as a form of reward or punishment.
- Use or withhold physical activity as a punishment.
- Shame or punish a child if a bathroom accident occurs.
- Embarrass any child in front of others.
- Leave any child alone, unattended or without supervision.

- Allow other children to discipline a child.
- Criticize, make fun of, or otherwise belittle a child, parents, families, or ethnic groups.

Teachers will either try to talk to parents after class or schedule a conference if a particular disciplinary problem occurs. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

What to Expect

Children succeed when given opportunities to learn about the world around them. We understand the importance of promoting creativity and self-expression, while also using the latest technology to deliver an engaging academic curriculum.

Your child will be assigned a cubby and a mailbox. When you drop off your child, please sign in, put your child's belongings in his or her cubby, and escort your child to the classroom. When you pick up your child, please sign out, collect items from the cubby, and check his or her mailbox for information/projects to be sent home.

Outside each classroom, you will find a parent board with information on our menu, curriculum, lesson plans, and daily routines.

Please do not bring toys from home into the Center. We provide plenty of activities for your child to enjoy.

Our Preschool Program Encourages Children To:

- **Develop senses** through food and tasting experiences, art, music, and listening
- **Share ideas** and experiences in group discussions
- **Express feelings** in group discussions using art and music activities or stories
- **Problem-solve** using dramatic play and science experiments
- **Increase intellectual abilities** using letter and number recognition, multicultural experiences, and science activities
- **Exercise imagination** with art activities, dramatic play, and storytime
- **Develop concentration skills** by listening to others in groups and working individually on projects
- **Strengthen large and small motor skills** with activities like marching, dancing, or fingerplays, and using writing/drawing utensils, scissors, and playdough

Children feel more comfortable when they know what to expect from school each day. At the Early Learning Center, a schedule and routine has been established:

Full-day Schedule

- **Arrival**—Choose learning center activities.
- **Breakfast**
- **Opening exercises** using children’s names, calendar, and pledge
- **Introduction** to the day’s activities
- **Learning Centers/Small group activity** including art, music, dramatic play, science, social studies, math, or reading readiness
- **Outdoor play/activity room**
- **Lunch**
- **Nap or quiet time**
- **Snack**
- **Storytime, songs, finger plays**
- **Table time/Centers**
- **Dismissal**

Half-day Schedule

- **Arrival**—Choose learning center activities.
- **Opening exercises** using children’s names, calendar, and pledge
- **Introduction** to the day’s activities
- **Learning Centers/Small group activity** including art, music, dramatic play, science, social studies, math, or reading readiness
- **Snack**
- **Storytime, songs, finger plays**
- **Outdoor play/activity room**
- **Dismissal**

Guide to Regulated Child Care

Important Information About Child Care Facilities

Who Regulates Child Care?

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

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

- Issuing 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; and
- Taking enforcement action when necessary.

COMAR Regulations and other information

about the Office of Child Care may be found at:

[earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care.](http://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care)

What are the types of Child Care Facilities?

Family Child Care: care in a provider’s home for up to eight (8) children

Large Family Child Care: care in a provider’s home for 9-12 children

Child Care Center: non-residential care

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, fire department and local agencies;
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearances, and are not on the sex offender registry;
- Family child care providers must maintain certification in First Aid and CPR;
- Child Care Centers must maintain a ratio of one staff certified in first aid and CPR per every twenty (20) children at all times;
- 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, mental injury or injurious treatment.

Did You Know?

Regulations that govern child care facilities may be found at earlychildhood.marylandpublicschools.org/regulations.

- 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 off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A "Teacher" qualified person 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/guardian must be immediately notified if children are injured or have an accident in care;
- Child care facilities may have policies beyond regulatory requirements;
- OCC should be notified if a provider has violated child care regulations;
- Parents/guardians may review the public portion of a licensing file; and
- The provider's compliance history may be reviewed on CheckCCMD.org.

Resources

Child Care Subsidy: Assists parents with cost of childcare
1.866.243.8796

Consumer Product Safety Commission (CPSC):
regulates certain products used in childcare
www.cpsc.gov.

Maryland EXCELS: Maryland's Quality Rating System for Childcare Facilities
marylandexcels.org.

Maryland Developmental Disabilities Council:
May assist with ADA issues
md-council.org.

Maryland Family Network: Assists parents in locating childcare
www.marylandfamilynetwork.org.

PARTNERS Newsletter: What's happening in the Division of Early Childhood Development
Earlychildhood.Marylandpublicschools.org.

To check provider inspection violations:
CheckCCMD.org

For questions, concerns or to file a complaint contact your regional office:

Anne Arundel County	410.573.9522
Baltimore City	410.583.6201
Baltimore County	410.583.6200
Prince George's County	301.333.6940
Montgomery County	240.314.1400
Howard County	410.750.8771
Western Maryland: Allegany, Garrett & Washington	301.791.4585
Upper Shore: Kent, Dorchester, Talbot, Queen Anne's & Caroline	410.819.5801
Lower Shore: Wicomico, Somerset & Worcester	410.713.3430
Southern Tri-County: Calvert, Charles & St. Mary's	301.475.3770
North Central: Harford & Cecil	410.569.2879
Frederick County	301.696.9766
Carroll County	410.549.6489

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at CheckCCMD.org.

For additional help, you may contact the Program Manager of the Licensing Branch at 410.569.8071

School Policies

Admission

Registration is accepted on a first-come, first-served basis. There must be sufficient enrollment in order to run each class. If for any reason enrollment is not sufficient, your child's class may be combined with another class in accordance with MSDE Office of Child Care regulations. Medical forms including immunization and lead screening must be returned before your child begins classes.

Screen Time

The Early Learning Center allows 30 minutes of interactive technology per week.

Toilet-Trained (Full-day only)

If your child is not potty-trained, you must sign a waiver that allows Harford to use baby wipes, if necessary.

Transportation

Transportation is not provided by the program.

Communication

Newsletter and calendars are emailed each month and posted on your classroom bulletin board. They contain information regarding book clubs, school closings, special events, and topics covered during that month. In addition, a bulletin board outside the classroom will contain announcements, menus, and information concerning the program.

Personal Items

Full-day: Please send a plastic shoebox containing a complete change of clothes (shirt, pants, underwear, and socks). This will need to be checked periodically due to size and season changes. All items sent to school should be labeled with your child's name. This includes coats, hats, and sweaters. Other personal items needed are:

- Quiet time bedding (crib-sized sheet, travel-size pillow, small blanket – stored in a zippered bag or small duffel bag)
- Diapers and wipes (if child is not yet potty-trained)
- A nutritious, packed lunch (with no peanut products and nothing to heat up). Please leave all other personal items at home. This includes backpacks, toys, money, candy, gum, jewelry, etc., unless specifically requested.
- Shoe policy: Please allow your child to wear only sneakers to school. No flip-flops, Crocs, or sandals.

Half-day: Change of seasonal clothing in a Ziploc bag, with their name.

Nutrition

The ELC feels strongly that healthy food benefits your child's health and also positively impacts their behavior and energy while at school. It is important to us that every child eats nutritious meals while in our care; therefore, we serve food that has nutritional value and does not contain sugar as a primary ingredient. We are committed to serving whole grain foods at least four

times per week. We provide fresh vegetables and/or fresh fruit at each meal at least four times a week. Our monthly menu is posted on the class bulletin board outside of your child's classroom.

At breakfast we serve healthy foods such as whole grain muffins and fresh fruits. For lunch we provide meals that may include turkey sandwiches on whole grain bread, grilled chicken, and whole wheat pasta with either fresh vegetables or fresh fruit. We provide a snack after naptime that may include crackers, pretzels, dried cereal (non-sugared), additional fruits and vegetables, cheese cubes or sticks, popcorn, granola bars, etc.

Due to children with allergies or certain dietary needs, no sharing of food is allowed, and all of our classrooms and centers are NUT FREE. Allergies and dietary restrictions will be posted on the wall by the front door of each classroom.

Conferences

The teacher will be happy to discuss any questions concerning your child in private. Please do not attempt to discuss your child during class time. Please send a note with your child to schedule a convenient time. Parent/teacher conferences are scheduled during the second half of the year to discuss your child's progress.

Field Trips

Full-Day: Spring Field Trip

Half-Day: Fall and Spring Field Trip

A parent or adult guardian must accompany each child on field trips; otherwise, the child will not be allowed to attend that day.

Illness

Children should not be sent to school if the parent suspects or knows that the child is ill. A child should not return to school until 24 hours have passed after running a fever, vomiting, diarrhea, or beginning an antibiotic for an infection. If your child has been absent for more than two consecutive class periods, please contact the teacher and make her aware of the reason for the absence.

The program director reserves the right to refuse admittance to any class if, in the opinion of the director, the child is visibly ill or unable to participate in program activities.

COVID-19: We will follow CDC guidelines & Maryland Health Department recommendations.

Fever: An axillary (under arm) temperature of 100° F or greater.

Itching: Persistent itching or scratching of body or scalp.

Lice: Nits and lice are visible.

Eye/Nose Drainage: Thick mucus or pus draining from the eyes or nose.

Vomiting: One episode of vomiting

Sore Throat: Any sore throat, especially when fever or swollen glands in the neck are present.

Respiratory Symptom: Difficult or rapid breathing, or severe coughing. Child makes high-pitched croupy sounds after he coughs; child is unable to lie comfortably due to continuous cough.

Diarrhea: Two occurrences of loose stools throughout the day. Other symptoms such as fever, abdominal pain or vomiting.

Skin Problems

Rash: Skin rashes, undiagnosed or contagious.

Infected Sores: Sores with crusty, yellow or green drainage which cannot be covered by clothing or bandages.

Appearance/Behavior: Child looks or acts differently; unusually tired, pale, lack of appetite, confused, irritable, and difficult to awaken. Not able to participate in daily activities.

Unusual Color

Eyes or Skin: Yellow (Jaundice)

Stool: Grey or white

Urine: Dark, tea colored

These symptoms can be found in hepatitis and should be evaluated by a physician.

Arrival/Dismissal Procedures

Full-day: Each student is to be escorted into the classroom upon arrival and picked up inside the classroom every program day by a parent or designated adult. Our center will open at 7 AM and close at 5:30 PM. Please follow classroom teacher's rules for dismissal policy. Parents need to sign and date the classroom sign-in sheet each day as they arrive with their child and before they leave.

Half Day: Each student is to be escorted in to the classroom and students will be dismissed by the teacher to a designated adult. Arrival is 9 AM and dismissal time is 11:30 AM, 11:45 AM or 12 PM. Please be prompt, even a 5 minute delay can be stressful. Please follow classroom teacher's rules for dismissal policy. Parents need to sign and date the classroom sign-in sheet each day as they arrive with their child and before they leave.

Please remember that late parents must call the Center to inform the staff of the delay. Ten minutes after the close of business, emergency contacts will be notified to arrange pick-up of the child. If we cannot reach either you or your emergency contacts to pick up your child, then we will contact Child Protective Services. Parents with excessive, unexcused, late pick-ups (more than 4 late slips in a year) will be given notice to find alternate care.

Parking

You may park in the Joppa Hall lot. Additional parking can be found next to the Early Learning Center in the Fallston lot. Please do not park for extended periods of time in the spaces that are assigned to Harford staff—there is a campus fine of \$50. Please do not park in handicap parking spots—there is a \$150 campus fine.

Causes of Dismissal

A child may be removed from the class for any of the following reasons: repeated disruptive behavior, incomplete forms, incompatibility of the child with the program, failure to disclose a condition which affects the child's participation in the program, failure to comply with program rules, or failure to pay tuition.

Emergency Phone Contact

The parent is responsible for leaving a phone number where he/she can be reached during the program hours in the case of an emergency and for updating that number as necessary. This must include at least one person other than the parent, (i.e., neighbor, relative, or other).

Emergency Closings

The Early Learning Center will follow Harford Community College's announcement. For emergency closings and delays due to weather conditions, an email will be sent to families as well as posted to our Facebook page. **Please note the inclement weather closings for our half-day preschool are not the same as our full-day care.**

Holiday Closures

Check your monthly newsletter for non-weather-related school closures.

A Parent's Guide to Regulated Child Care Verification Form

Dear Parent/Guardian:

Maryland child care regulations require your child care provider to verify that you received a copy of "A Parent's Guide to Regulated Child Care." On the lines below, please write the name of each child you have placed in the care of this provider. **Complete and sign the statement at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the facility's files.**

Child's Name

Child's Name

Child's Name

Child's Name

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

Signature of Parent/Guardian

Date

Policies and Procedures Parental Agreement Form

I have read and agree to abide by the policies and procedures of the Harford Community College Early Learning Center.

I agree to the use of baby wipes for bathroom needs, if necessary.

Student Name

Class

Parent/Guardian's Signature

Print Name

Date

Full-Day Preschool Program Financial Statement

Tuition/Fees

Registration must be completed each year, and an annual non-refundable registration fee must be paid. Payment for tuition is due on the Friday before the following week of care. **Harford Community College employees will receive a 10% discount.**

Payment Policies

All weekly payments will be paid through our online portal systems. You will receive information from the billing department about the process once registered.

Late Payment Policy

A late charge of \$35 will be applied to any account not paid in full by the due date.

If payment is late, then parents will receive a letter concerning late payments and a date for termination of services if payment is not received. To avoid disruption of service, your account must be made current by the final termination date, and you must provide receipt of payment to the ELC Director or opening staff before your child will be admitted into care.

Personal checks will not be accepted if a personal check has been refused for payment (NSF—Non-Sufficient Funds) within the last 12 months.

Returned Checks

Checks that are returned for non-payment will not be re-deposited. An additional charge of \$35 will be charged for any returned checks. We will notify you by letter of a Non-Sufficient Funds occurrence. The \$35 fee will be added to your next payment. Multiple returned checks may result in personal checks not being accepted for future payments.

Change in Tuition

Tuition fees are subject to change. Written notice will be given in advance regarding such a change. If your child needs to have any changes in enrollment, a request must be made in writing two weeks in advance. Verbal changes cannot be accepted.

Closings/Absences

There is no reduction in fees if a child is absent from the program or if the site is forced to close due to circumstances beyond our control.

We will be closed for two weeks of the year, winter break and spring break. You will not be charged for those weeks.

Late Pick-Up Charge

Late fees begin at 5:30 PM and are assessed as follows: \$10 for the first five minutes and \$5 for each 5-minute period thereafter or fraction thereof. Please remember to call the Center to inform the staff of the delay. Parents/guardians who are late will be presented with a Late Charge Slip and asked to sign/verify the late balance being assessed. Parents/guardians are responsible for paying the accrued late charges by the close of the next business day.

Withdrawal Policy

To discontinue the billing cycle, a written withdrawal letter must be completed by the parent/legal guardian and received by the Center Director **two weeks prior to withdrawal**. The deposit will be forfeited and no refunds will be given for the week in which a student is withdrawn—no exceptions.

In order to better serve our ELC families, we require that each family wishing to hold their place during the summer months pay the equivalent of one week's tuition as a non-refundable fee. This will ensure your child's slot in the fall semester.

Half-Day Preschool Program Financial Statement

Tuition/Fees

Registration must be completed each year and an annual non-refundable registration fee must be paid. Payment for tuition is due on or before the 25th of each month prior to the month of service. A payment calendar will be provided at the beginning of the year. **Harford Community College employees will receive a 10% discount.**

Payment Policies

All monthly payments will be paid through our online portal system. You will receive information from the billing department about the process once registered.

Late Payment Policy

A late charge of \$35 will be applied to any account not paid in full by the due date.

If payment is 30 days or more past due, parents/guardians will be contacted by phone concerning late payments and a date for termination of services. To avoid disruption of service, your account must be made current by the final termination date, and you must provide receipt of payment to the Center Director or opening staff before your child will be admitted into care.

Personal checks will not be accepted if a personal check has been refused for payment (NSF—Non-Sufficient Funds) within the last 12 months.

Returned Checks

Checks that are returned for non-payment will not be re-deposited. An additional charge of \$35 will be charged for any returned checks. We will notify you by letter of a Non-Sufficient Funds occurrence. The \$35 fee will be added to your next payment. Multiple returned checks may result in personal checks not being accepted for future payments.

Change in Tuition

Tuition fees are subject to change. Written notice will be given in advance regarding such a change. If your child needs to have any changes in enrollment, a request must be made in writing one month in advance. Verbal changes cannot be accepted.

Closings/Absences

There is no reduction in fees if a child is absent from the program or if the site is forced to close due to circumstances beyond our control.

Late Pick-Up Charge

Late fees begin at the end of the scheduled class and are assessed as follows: \$5 for the first five minutes and \$5 for each 5-minute period thereafter or fraction thereof. Please remember to call the Center to inform the staff of the delay. Parents/guardians who are late will be presented with a Late Charge Slip and asked to sign/verify the late balance being assessed. Parents/guardians are responsible for paying the accrued late charges by the close of the next business day.

Withdrawal Policy

To discontinue the billing cycle, a written withdrawal letter must be completed by the parent/legal guardian and received by the Center Manager one month in advance. No refunds will be given for the month in which the student is withdrawn; no exceptions. The last month's payment on deposit will be forfeited.

Refunds

For students enrolling for the 2022-2023 school year, a 50% tuition-only refund will be given if a written cancellation request is received prior to May 15, 2022. **No refunds will be given after that date.**

Registration Agreement 2022-2023

Please review the following information to ensure that you understand your responsibilities in enrolling your child in the Harford Community College Early Learning Center. This signed agreement will be placed in your child's file and a copy will be provided for your records upon request. **All required forms must be completed and on file before your child's first day.**

1. I agree to pay a non-refundable materials fee at the time of enrollment. I also agree to pay for the first and last week of care.

_____ (initial)

2. I understand that tuition is due every Friday for the following week of care. I understand that care may be terminated if my account is past due. A late charge of \$35 will be applied to any account not paid in full by the due date.

_____ (initial)

3. I understand that all changes in scheduled care must be made in writing through the Early Learning Center Office at least two weeks in advance.

Verbal notifications of changes or withdrawals cannot be accepted.

_____ (initial)

4. I understand that my child must be escorted by an adult (18 years or older) to a Harford staff member in the Center. The adult must also sign the in/out roster to ensure that this safety regulation is enforced.

_____ (initial)

5. I understand that it is my responsibility to notify the Center staff of any family/medical information pertinent to my child's health, safety and well-being. Additionally, I will keep work and emergency contact and phone numbers up-to-date.

_____ (initial)

6. If there are any custody issues, I will provide a court order indicating who is the custodial parent/guardian, and the names to whom the staff may not release the child. Harford staff must follow legal guidelines in custody issues.

_____ (initial)

7. I understand that if my child is having problems adjusting to the program, a conference will be arranged between the staff and me.

_____ (initial)

8. I understand that I may be asked to withdraw my child from the program if his/her behavior threatens his or her own safety and/or health or that of other children and staff in the Center. If possible, a two-week period will be allowed for parents to make alternative care arrangements.

_____ (initial)

For more serious offenses, I understand that I may be called immediately to pick up my child, and he/she may be suspended or expelled from care without prior warnings. Some examples of this include, but are not limited to, disrupting the classroom setting and/or hitting, punching, kicking, or biting another student or teacher. Credit is not issued for days of suspension.

_____ (initial)

9. I understand that care may be terminated if my behavior does not fit within the core values of Harford, if I do not follow Harford policies, or if I become aggressive toward any Harford staff member.

_____ (initial)

10. I understand that my child may not attend the program if he/she has any illness or condition that compromises the health of other children or staff. Health Department regulations regarding periods of infection will be enforced. I understand that my child must be symptom-free (the absence of vomiting, fever, and diarrhea) for at least 24 hours before returning to the Center. Additionally, a doctor's release will be required in order for my child to return to the Center after a contagious illness.

_____ (initial)

I have reviewed the Illness/Health Policy as provided in the Harford Early Learning Center Policies and Procedures, which explains the Maryland State Health Department's requirements on medication, periods of infection, attendance, and immunization.

_____ (initial)

11. If my child becomes ill or if a medical emergency arises, the staff will first attempt to contact me and I will be required to pick my child up within an hour of receiving the call. If I cannot be reached, emergency contacts and/or my child's doctor will be contacted.

_____ (initial)

12. I understand that an alternate care plan must be made in advance for illness and emergency closings. I also understand that I am still required to pay should these situations arise.

_____ (initial)

13. I give permission for my child to participate in walks within the grounds of the Center.

_____ (initial)

14. I understand that Harford may invite volunteers into our classrooms. (Example: Sharing the Gift Program in conjunction with the Harford County Public Library, etc.)

_____ (initial)

15. I give permission for my child to participate in the Harford sprinkler days (if applicable) as part of the program.

_____ (initial)

16. If my child deliberately destroys Harford property, I understand that I will be held responsible for the replacement cost of the property.

_____ (initial)

17. I understand that my child may be exposed to classroom pets in the Harford Community College Early Learning Center, including but not limited to fish, guinea pigs, hamsters, gerbils, rabbits, and other small animals.

_____ (initial)

18. By signing this agreement, I acknowledge that I am the responsible party for payment of all fees and tuition. Should my tuition charges become past due and sent to collections, I will be responsible for the collection costs.

_____ (initial)

19. I understand that I must allow at least 5 business days for any paperwork requests.

_____ (initial)

20. I have read the Early Learning Center's policies.

_____ (initial)

21. The ELC has permission to use diapers, wipes and rash cream on my child using supplies that I purchase and send to preschool. **(Full-day only)**

_____ (initial)

22. The ELC has permission for my child to sleep on a cot during rest time. I understand that I am responsible for providing clean bedding weekly and as needed throughout the week for my child's cot. **(Full-day only)**

_____ (initial)

I have read and understand the above.

Child's Name

Start Date

Parent/Guardian's Name

Parent/Guardian's Signature

Date

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 https://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 https://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 Testing 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 providers 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 <https://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 Last Name _____ First _____ Middle _____ Birth Date _____ Sex: Male _____ Female _____

Street _____ City _____ State _____ Zipcode _____

Parent/Guardian Name(s)	Relationship	Phone Numbers		
		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.

Parent/Guardian's Signature _____ Date _____

Part I - Health Assessment

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

Child's Last Name _____ First _____ Middle _____ Birth Date _____ Sex: Male
Female

- Does the child named above have a diagnosed medical condition?
No Yes, describe: _____
- 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** emergency action(s) on the emergency card.
No Yes, describe: _____
- PE Findings _____

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity				LeadExposure/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 **or** 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_dhmh_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's Signature _____ Date _____

- 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).
- Should there be any restriction of physical activity in child care?
No Yes, specify nature and duration of restriction:

7. Test/Measurement	Result		Date Taken	
Tuberculin Test				
Blood Pressure				
Height				
Weight				
BMI %tile				
Lead Test Indicated: DHMH	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 of Print) _____ Phone Number _____ Physician/Nurse Practitioner Signature _____ Date _____

Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A: Parent/guardian completes for child enrolling in child care, pre-kindergarten, kindergarten, or first grade

Child's Name: _____
Last First Middle

Child's Address: _____
Street City State Zip code

Sex: Male Female **Birth Date:** _____ **Phone:** _____

Parent/Guardian Name: _____
Last First Middle

BOX B: For a child who does not need a lead test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO)

- Was this child born on or after January 1, 2015? Yes No
- Has this child ever lived in one of the areas listed on the back of this form? Yes No
- Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)? Yes No

If all answers are NO, sign below and return this form to the child care provider or school.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C: Documentation and certification of lead test results by health care provider

Test Date	Type (V = venous, C = capillary)	Result (mcg/dL)	Comments

Comments: _____

Person completing form: Health Care Provider/Designee School Health Professional/Designee

Provider Name _____ Signature _____ Date _____

Office Address _____ Phone _____

BOX D: Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent/Guardian Name _____ Signature _____ Date _____

This part of BOX D must be completed by child's health care provider.

Lead risk poisoning risk assessment questionnaire done: Yes No

Provider Name _____ Signature _____ Date _____

Office Address _____ Phone _____

How To Use This Form

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. 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.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

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

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

Maryland Department of Health Immunization Certificate

Child's Name: _____
Last First Middle

Sex: Male Female **Birth Date:** _____ **County:** _____

School: _____ **Grade:** _____

Parent/Guardian: _____
Name Phone

Street City State Zip code

Record of Immunizations (see notes on next page.)

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4													
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

- _____
Signature Title Date
Medical provider, local health department official, school official, or child care provider only.
- _____
Signature Title Date
- _____
Signature Title Date

Clinic/Office Name
 Office Address and Phone Number

Line 2 and 3 are for certification of vaccines given after the initial signature.

Complete the appropriate section below if the child is exempt from vaccination on medical or religious grounds. Any vaccination(s) that have been received should be entered above.

Medical Contraindication:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition Temporary condition until: _____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____
Medical Provider/LHD Official Date

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 vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____
Date

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except varicella, measles, mumps, or rubella.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but revaccination may be more expedient.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

1. Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
2. Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
3. Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

Please refer to the "**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index.)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the "**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**" guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index.)

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 _____

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

Maryland State Department of Education Office of Child Care

All About: _____

Child's First Name or Nickname

Child's Name: _____ Birthdate: _____

Things My Child Does Well

My Child has Difficulty with These Activities

What My Child Likes and Dislikes

**My Child will Need the Following Equipment
and/or Routines**

Things I am Working on with My Child

Things My Child Might Need Help With

My Child Enjoys These Physical Activities

Student Information Sheet and Medical Alert Information

Child's Name: _____

Prefers to be called: _____ Birthday (include year): _____

Address: _____
Street City State Zip Code

Siblings' Names: _____

Parent/Guardian 1: _____
Name Email Address

Home Phone Cell Phone Work Phone

Parent/Guardian 2: _____
Name Email Address

Home Phone Cell Phone Work Phone

Allergies: (List any allergies, medical and/or handicapping conditions.)

Physician Name: _____
Name Phone

Address: _____
Street City State Zip Code

Emergency Contacts:

1. _____
Name Home/Cell Phone Work Phone

Street City State Zip Code

2. _____
Name Home/Cell Phone Work Phone

Street City State Zip Code

I give my permission to Harford Community College Early Learning Center (ELC) to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my child's image and for voice purposes of promoting and/or interpreting Harford Community College programs. This also includes photos for social media purposes.

Signature: _____ Date: _____

Enrollment Releases and Medical Information

I am a legally competent adult who is parent or guardian of the named participant. I would like my child to participate in Harford Community College Early Learning Center programming and expressly give my permission. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for the Harford Community College Early Learning Center allowing my child to participate, I voluntarily and intentionally hold harmless and release Harford Community College's HCC Early Learning Center, and Harford Community College and the Behavioral and Social Sciences Division, their agents, employees, and volunteers from any and all actions, causes of actions, liability, claims, or demands for or by reason of damage, loss, or injury which may be sustained by my child as a result of his/her participation in this program. I also agree to indemnify the Harford Community College Early Learning Center for claims made by or for the participant or claims arising from any relationship with the participant or the participant's estate.

I have read this form and grant permission for my child, _____, to participate in all activities provided by Harford Community College Early Learning Center.

Parent/Guardian Signature: _____ Date: _____

Authorization For Emergency Medical Treatment

If my child, _____, should become ill or injured during Harford Community College activities, I understand that Harford Community College will: 1) contact me immediately; 2) contact the person(s) I have designated in case I cannot be reached.

Should Harford Community College be unable to reach me or the person(s) designated, Harford Community College is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child, including the administration of medications or injections provided by me for such purpose.

I accept responsibility for payment of medical services rendered.

Parent/Guardian Signature: _____ Date: _____

Participant Waiver

I, _____, as parent/legal guardian for _____, a minor residing at _____, do hereby release and forever discharge Harford Community College's Early Learning Center, and Harford Community College and the Behavioral and Social Sciences Division, their agents, employees, and volunteers from any and all actions, causes of actions, liability, claims, or demands for or by reason of damage, loss, or injury which may be sustained by my child as a result of his/her participation in this program.

I, as parent/legal guardian for the above-named minor, give my permission for my child to go on field trips with the Harford Community College Early Learning Center program during the school year.

I, as parent/legal guardian for the above-named minor, give my permission for the persons in authority to secure emergency medical attention for my child if it is needed.

Parent/Guardian Signature: _____ Date: _____

These forms are required for your child to participate in any program.

2022-2023 Preschool Program Billing Form

Student's H-ID Number	Student's Last Name	First Name	M.I.	Birthdate
Address		City, State, Zip Code		Phone
Email 1				
Email 2				

Billing Information Parent/Legal Guardian Responsible for Payment

Name		Social Security Number	
Address		City, State, Zip Code	
Phone (Home)		Phone (Work)	

Full-Day Preschool Program

Check One.	Course #	Tuition
2/3-year-old (Full-Time)	35233	\$260
2/3-year-old (Part-Time)	35234	\$195
3/4-year-old (Full-Time)	35235	\$250
3/4-year-old (Part-Time)	35236	\$190
4/5-year-old (Full-Time)	35237	\$250
4/5-year-old (Part-Time)	35238	\$190

Select Days. **M** **T** **W** **TH** **F**

Total Weekly Rate _____

Start Date _____

Half-Day Preschool Program

Check One.	Course #	Tuition
Young 3-year-old (T/TH)	45013	\$165
3-year-old (T/TH)	45014	\$165
3-year-old (M/W/F)	45015	\$195
4-year-old (M/W/F)	45016	\$225
4-year-old (M-F)	45017	\$325

Monthly Tuition Due _____

Start Date _____

Billing Policy

Registration must be completed each year and an annual material fee must be paid. Payment for tuition is due on the Friday before the following week of care. Tuition payments will be made through Harford Community College online portal. Preschool care may be terminated if account is past due. A late charge of \$35 will be applied to any account not paid in full by the due date. Please see the Harford Financial Statement for details regarding payment policies and procedures. Payments may also be made by calling the Cashier's Office at 443.412.2208.

Delinquency Policy

I assume responsibility for the above information, registration, and/or changes. Should my tuition charges become past due and sent to collections, I will be responsible for the collection costs. After 21 days of non-payment, I will be asked to remove my child from the program.

Withdrawal Policy

To withdraw your child from the Early Learning Center, a written withdrawal letter must be completed by the parent/legal guardian and delivered to the Center Director. The deposit will be forfeited and no refunds will be given for the week in which the student is withdrawn—No exceptions.

Parent/Legal Guardian Signature

Date



HARFORD
COMMUNITY COLLEGE

Noncredit Registration Form

MAIL TO Harford Community College
Noncredit Registration
401 Thomas Run Road, Bel Air, MD 21015
P: 443.412.2376 | F: 443.412.2383

Office Use Only

	Spring	Summer	Fall
Registered by:	_____		
Cashier's Office:	_____		
C/R _____	Ini. _____	Date _____	
Waiver:	Yes	E	D S

H

HCC ID	Last Name	First Name	MI	Preferred Name
Street		City	State	Zip Code
Home Phone	Cell	Work Phone	Email	Personal Work

Contact Information for Harford Community College AlertMe Emergency Notification System

YES, please contact me in the event of an emergency on campus or a non-emergency campus closing. _____
NO, I choose not to be contacted in the event of a campus emergency or non-routine campus closing. _____
Preferred contact phone number

Date of Birth _____ **Senior Citizen** (60 years or older) YES NO **Gender** Male Female

month date year

Citizenship U.S. Citizen Permanent Resident/Asylee/Refugee *(Must bring in original card.)*
 Non-U.S. Citizen *(Must submit copy of immigration document.)* Visa Type: _____

Ethnicity Are you of Hispanic or Latino origin? YES NO
(Defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race Select one or more of the following categories: White Black/African American Asian
 American Indian or Native Alaskan Native Hawaiian or Other Pacific Islander

How did you hear about this course?

Newspaper Radio HCC Marquee HCC Website Schedule of Classes HCC Camp Curiosity Program Booklet
 Email Postcard/Flyer/Brochure HCC Social Media Referral from Family or Friend Referral from Instructor
 Other _____

COURSE #	COURSE TITLE	TUITION	FEE	OUT-OF-COUNTY SURCHARGE \$20	OUT-OF-STATE SURCHARGE \$35	COST
SUBTOTAL						
WAIVER ELIGIBILITY:						WAIVER TOTAL
TOTAL COST						

Payment is due at time of registration.

Check Money Order
 VISA MasterCard
 Discover American Express

I accept and agree to abide by the policies and regulations of Harford Community College. I understand that violation of these regulations may subject me to penalties and sanctions. (A copy of the Student Code may be obtained from the Student Activities Office.) I certify that the information on this form is accurate and complete. Failure to provide accurate information may be just cause for dismissal from the College.

We will contact you for payment by credit/debit card as soon as your registration has been processed.

Signature _____
Date

NOTE: Photographs may be taken in classrooms and/or on campus and used for Harford Community College promotions including, but not limited to, use on Facebook, the College website, and print materials. If you do not wish to be photographed, please inform the photographer.