

2023-2024 Parent Checklist

Please return all forms and Emergency Record Forms by Friday, August 25, 2023.

Reminders:

- *Hard copy (by request) and pdf forms are being provided this year.*
- *Please include your family's last name on each form.*
- *Please remember to sign/date each specific form.*
- *Please include all SMB children (PK3 – 8th) on all forms, unless specified.*
- *Forms may be printed and turned in or scanned and emailed to office@bryantown.org.*

Have you completed & signed the forms necessary for your child to start school?

- ☐ **Emergency Information Record (1 form per child)**
- ☐ **Emergency Record Cont. for additional contacts (1 form per child if needed)**
- ☐ **Family Survey (1 per family)**
- ☐ **ADW Parent-Student Handbook Handbook Acknowledgement- Go to <http://www.bryantown.org/parent-corner/parent-student-handbook/> to review the 2023-2024 Parent-Student Handbook**
- ☐ **ADW Code of Conduct Acknowledgement - To read full Code of Conduct: [ADW Code of Conduct](#)**
- ☐ **ADW Technology and Internet Usage Agreement (May submit through TADS - 1 per child)**
- ☐ **ADW Publicity Release Form (1 for per family)**
- ☐ **SMB Chromebook Agreement (K-8th - 1 per child)**
- ☐ **SMB COVID-19 Acknowledgement Form (1 form per family)**
- ☐ **SMB Cell Phone Acknowledgement Form (1 form per family each student must sign)**
- ☐ **SMB Volunteer Acknowledgement - Go to [23-24 Volunteer Handbook](#) to review the Volunteer Handbook**

ADW Health & Immunization Forms: (Medication to be administered during school day, please contact the office)

- ☐ **Forms for New Families (1 form per child) - Please read forms for requirements**
- ☐ **Forms for Returning Families (1 form per child) - Please read forms for requirements**

For all PK3, New PK4, New students, and Students who have moved to a new home:

- ☐ **Maryland Lead Testing Certificate (PK3, new PK4, New Students)**
- ☐ **Maryland Guide to Regulated Child Care (form must be sign and returned)**
- ☐ **SMB Before and After Care (BAC) Registration Form. If you plan to use BAC this year, your Registration form and registration fee \$125/family must be returned to school. Go to <https://bryantown.org/wp-content/uploads/2023/08/2023-2024-BAC-Registration-Form.pdf>**

Forms that will be reviewed with students and require parent signature the first week of school

- **SMB Behavior Policy (1 form per student, student and parent must sign)**
- **SMB Dress Code Contract (1 form per student, student and parent must sign)**
- **SMB Attendance Policy (1 form per student, student and parent must sign)**

We thank you! Any questions, please call the school office 301-932-6883

Grade: _____

**EMERGENCY INFORMATION
RECORD**

LAST NAME		FIRST NAME	
PARENT/GUARDIAN NAME (S)		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS		CITY	STATE ZIP CODE
ALTERNATE HOME ADDRESS		PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE OR PAGER	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE OR PAGER
MOTHER'S EMAIL		FATHER'S EMAIL	
IN CASE OF EMERGENCY AND IF PARENT IS NOT AVAILABLE			
Name: _____		Address: _____ Phone: _____	
Name: _____		Address: _____ Phone: _____	
STUDENT'S PHYSICIAN		PHONE	
STUDENT'S DENTIST		PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE			
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)			
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> RECURRING ILLNESS	
PARENT: USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.			
In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.			
Parent Signature: _____		Date: _____	

Medication Allergies	Reaction	
Food Allergies	Reaction	
Medication taken at home on Regular basis	Dosage	Time
Any Chronic or recurrent illness or reason your child may see a specialist (Asthma, Seizures, Heart Problems, Diabetes, Head injuries, ADD, etc.)		
Any information that we should know to take care of your child in case of an emergency and/or unable to contact a parent or guardian.		

The information is confidential and will be used in case of emergency. We will send this to the emergency room with your child if necessary.

EMERGENCY RECORD CONT.

Grade: _____ Last Name: _____ First Name: _____

Additional Emergency Contacts:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Parent Signature: _____ Date: _____

FAMILY SURVEY
School Year 2023-2024

Date: July 20, 2023

Dear Parent/Guardian:

I am requesting your cooperation in completing this family survey that will help us secure the most federal and state funds (which supports educational programs, technology and textbooks, building improvements, etc.) for the children in our Catholic schools. I want to assure you that your privacy will be protected and that no names are required on this form. Each form is confidential and has a unique identifying number only to track survey return. Only the address and grade levels are shared with the school district so that it can determine funding for our school. Please only submit one form per family, but be sure to clearly list grade levels for all of your children attending our school. Your hard-earned tax dollars are paying for these programs and your response helps us keep them. Please return this form to the school office no later than **Wednesday, September 6th, 2023**. Thank you!

Sincerely,

Catherine C. Silverstone

Principal

How many children living in your home attend our school? _____

List Student(s') Grade Level(s): _____

Home Address: _____

City/State: _____ **Zip:** _____

In the chart below, find the size of your household (total number of Adults plus Children) and look at the annual household income level listed beside it. (If your household size is greater than 8, add \$9,509 for each additional family member).

HOUSEHOLD SIZE	ANNUAL HOUSEHOLD INCOME
1	\$26,973
2	\$36,482
3	\$45,991
4	\$55,500
5	\$65,009
6	\$74,518
7	\$84,027
8	\$93,536

A. Please check one.

_____ Our annual household income is equal to or less than this amount.

_____ Our annual household income is more than this amount.

This form has been numbered to protect your privacy. Thank you for your participation.



SCHOOL HANDBOOK ACKNOWLEDGMENT

ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: St. Mary's Bryantown Catholic School School Year: 23-24

Student & Parent/Guardian Information

Student's Name: _____ Grade: _____
Last First

Optional: Use the lines below to include other children instead of filling out a separate form

Print Student's Name and Grade Level

Print Student's Name and Grade Level

Print Student's Name and Grade Level

Print Student's Name and Grade Level

Mother's Name: _____
Last First

Father's Name: _____
Last First

Parent/Guardian Acknowledgment*

I/We, the undersigned parent(s), acknowledge that I/We have received the Parent and Student Handbook for **St. Mary's Bryantown Catholic School**.

I/We have read and reviewed the Parent and Student Handbook with my/our child(ren).

I/We accept and understand the policies and procedures of the school, and I/We accept and understand that failure to adhere to these policies and procedures is sufficient reason for dismissal or non-renewal of re-registration of the child(ren) at the school.

I/We understand that if I/we have a question, concern, or issue pertaining to the policies and procedures of the school, then I/we will adhere to the following line of communication:

Student/Parent → Teacher → Principal → Pastor/Canonical Leader → Catholic Schools Office → Superintendent

I/We understand and acknowledge the Roman Catholic religious nature of the school. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/We will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the applicant shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the applicant, we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and **St. Mary's Bryantown School**.

Name(s) of

Parent(s)/Guardian(s):

Mother

Father

Signature(s):

Sign and date

Sign and date

*All parents/guardians with legal authority to make educational and religious decisions on behalf of the child(ren) must sign this form.

PASTORAL CODE OF CONDUCT FOR CHURCH MINISTERS, STAFF, AND VOLUNTEERS

God has called us to love our neighbors as ourselves. In light of this all, I promise to strictly follow the rules and guidelines in this Pastoral Code of Conduct as a condition of my participation in the mission of the Archdiocese of Washington.

As a church minister, staff or volunteer, I shall:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with others, especially children and/or youth.
- Refuse to accept expensive gifts from people I work with or serve without prior written approval from the pastor, supervisor, administrator or ecclesiastical superior.
- Refrain from giving expensive gifts to people I work with or serve without prior written approval from my pastor, administrator or ecclesiastical superior.
- Report suspected abuse to the civil authorities as outlined in the Archdiocese of Washington's Child Protection Policy.
- Cooperate fully in any investigation of abuse of children and/or youth in conjunction with the Archdiocese of Washington's Child Protection Policy.

As a church minister, staff or volunteer, I shall not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while working or volunteering with children.
- Use, possess, or be under the influence of illegal drugs at any time.
- Knowingly pose any significant health risk to children and/or youth or the elderly (e.g., I will refrain from providing pastoral care to children or the elderly when I

am contagious with an illness).

- Strike, spank, shake, or slap children and/or youth, or anyone else.
- Humiliate, ridicule, threaten, or degrade children and/or youth, or anyone else.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I acknowledge that I have received and read the Archdiocese of Washington's Pastoral Code of Conduct. I understand that the responsibility for adherence to implementation of the Archdiocese of Washington's Pastoral Code of Conduct rests with me; that church ministers, staff, and volunteers who disregard this Code of Conduct will be subject to remedial action.

I understand that as a church minister, staff or volunteer, if I work with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Pastoral Code of Conduct or failure to take action mandated by this Pastoral Code of Conduct may result in my removal from ministry or termination from my position.

Signature _____ Date _____



TECHNOLOGY AND INTERNET USAGE AGREEMENT

ARCHDIOCESE OF WASHINGTON – Catholic Schools

Purpose

Archdiocesan parents, educators, and administrators work together every day to ensure the safety and security of all God's children. With our schools' ever-growing and abundant technology resources, it is more important than ever that we communicate clear expectations of our students. The following guidelines were developed from Archdiocesan curriculum and have been adapted, with permission, from the [International Society for Technology in Education](#). For more information regarding each school's individual rules, please refer to your school policy. Thank you for your consideration and cooperation.

Our schools provide students with an opportunity to access computers and computer networks, including the Internet. Our goal in providing this service is to promote educational excellence in our schools. Access to this technology is a privilege, not a right. All students are expected to abide by the following technology rules and to sign the user agreement.

Students

1. Students will cultivate and manage their **digital identity and reputation** and demonstrate awareness of the **permanence of their actions in the digital world**. **T.PK8.DC.1. All Students:**
 - a. Shall always represent themselves in a manner that respects the values of the Catholic Church when using **electronic devices, network** and the **Internet** and demonstrate an understanding that digital content is everlasting, even when deleted or within privacy settings;
 - b. Shall only use accounts assigned to them or authorized by the school, supporting others' positive digital identity by not accessing the accounts of others or falsely representing themselves as others;
 - c. Shall keep all accounts and password information private and secure.
2. Students will engage in **positive, safe, legal and ethical behavior** when using **technology equipment, including social interactions online** or when using **networked devices**. Students will demonstrate an understanding of and respect for the **rights and obligations of using and sharing intellectual property**. **T.PK8.DC.2, T.PK8.DC.3. All Students:**
 - a. Shall always demonstrate kind and respectful behavior towards others when using electronic devices, network and Internet; following school policy agreements and [anti-cyberbullying laws](#) at the local, state and federal levels;
 - b. Shall immediately report any known **cyberbullying** behavior to a teacher or supervising staff member;
 - c. Shall protect the rights and privacy of others, by never photographing or filming an individual without consent, and never posting and/or distributing videos or photographs without consent of the school and the persons depicted;
 - d. Shall behave in a safe manner when using **technology** by protecting and not sharing personal information and personal images in the public domain. While on school property, students will only use technology to communicate with individuals within the school community or organizations/experts approved by teachers. While on school grounds students shall only use communication platforms approved by the school and all communication shall be only for educational purposes;
 - e. Shall abide by all copyright and intellectual property laws, avoiding plagiarism by using proper citations or permissions. Students shall only use work product that is their own, not taking credit of the work of others;
 - f. Shall immediately report to a teacher or supervising staff member any inappropriate material or misuse of technology equipment of which the student becomes aware.
3. Students will manage their **personal data** to maintain **digital privacy and security** and are aware of **data-collection technology** used to track their navigation online. **T.PK8.DC.4. All Students:**

- a. Shall protect and **manage personal data** in a safe manner by never posting, or otherwise distributing personal information such as photographs, home addresses, telephone numbers, parents' work addresses or telephone numbers or the name and location of the school;
- b. Shall respect networking protections and security within the school infrastructures by working within the designated login and security parameters and never reconfiguring or hacking any school hardware, software, or network settings;
- c. Shall use school issued email accounts for authorized educational purposes only;
- d. Shall respect the right of the school to monitor student use of technology.

4. Students will treat all technology equipment including **issued devices, software and networking systems with care and respect, whether at school, at home, or elsewhere. All Students:**

- a. Shall demonstrate proper physical care for **technology equipment**;
- b. Shall protect the proper functioning of technology equipment by downloading only teacher approved files and not intentionally writing, producing, generating, copying or introducing dangerous codes or programs designed to cause harm, including, but not limited to viruses, bugs, 'worms', etc.;
- c. Shall respect the digital property of others by not accessing or searching files, directories, or folders for which the student does not have authorization, and by not intentionally erasing, renaming, moving, or disabling anyone else's files or programs;
- d. Shall maintain the settings of any issued device by not manipulating any device settings or functionality.

5. Students understand and acknowledge that:

- a. Any violation of this policy may result in permanent revocation of their technology privileges and other disciplinary action may be taken in the sole discretion of the principal.
- b. Schools may require that technology used in a bring your own device program must meet certain compatibility requirements, use certain security measures, and include certain hardware, software, or applications, which may include applications that grant the school control over the content on the technology.
- c. Use of all technology may be monitored, and there is no expectation of privacy for issued devices, or for any information stored on any technology used on school grounds, including any information or files stored in students' personal accounts (such as social media or file sharing accounts) that are accessible via such technology.
- d. The school reserves the right to maintain, access, or retrieve an issued device at any time, at its sole discretion; the school reserves the right to access a student's computer files or any other technology equipment when required for the maintenance of the school's technology equipment, in emergencies, in the course of investigation of possible wrongdoing, or at the discretion of the principal.

Parent/Guardian

Parent(s)/Guardian(s) shall support both school and ADW-wide policies and procedures as they relate to the use of technology and our Catholic Identity

1. Parent(s)/Guardian(s) will monitor online behavior and social media within the home and notify the school in the event of any incident contrary to the school policy, providing evidence when applicable.
2. Parent(s)/Guardian(s) will monitor their child's use of the Internet when the school networks and accounts are accessed from home or a non-school location
3. Parent(s)/Guardian(s) agree that students' schoolwork should be limited to school authorized accounts only (if provided by the school)
4. Parent(s)/Guardian(s) shall respect the right of the school to monitor student use of technology
5. Parent(s)/Guardian(s) are responsible for all fees as determined by school policy related to loss, damage, or misuse of school technology.

Additional resources related to digital safety and digital citizenship; <https://adwcollaborators.weebly.com/parent-resources.html>

Student & Parent/Guardian Acknowledgement

By signing this agreement, the guardian(s) acknowledge(s) that he or she has read the above expectations and reviewed with the student below. Both parent and student understand and agree to abide by those terms. Violations of this agreement are subject to disciplinary action by the appropriate administrators.

Student's Name

Parent/Guardian Name

Student's Signature

Date

Parent/Guardian Signature

Date

Definitions

Cyber-bullying/Harassment: of others online, whether against a student, non-student, or employee, is serious, is prohibited, and is contrary to the School's policy and values. Harassment/cyber-bullying whether it is initiated on or off campus, online or in person, should be reported immediately to a faculty member, and may lead to disciplinary action and possible criminal prosecution. <https://cyberbullying.org/>

Data-Collection Technology for Tracking Navigation: Entities that track an individual's personal data when using networked devices, for example, website cookies, search algorithms return results based on past searches, website analytics, GPS on cell phones, the "Internet of Things" where data is exchanged between networked devices and objects

Digital Identity and Reputation: How an individual is represented online in the public domain, based on activities, connections or tagging. For example; social media posts, photos, public online comments/reviews, awareness and monitoring of how others are depicting you online

Digital Privacy and Security: For example; activate privacy settings on social media accounts and each engines, recognize sites that use encryption, secure login and password information on shared devices, read and be conscientious about accepting privacy policies and access requests from apps and websites

Educational/Academic Purposes: Those tasks performed by students, which are directly related to the schools curricular assignments, projects or research.

Electronic Device: Any device (personal or school-issued), including, but not limited to desktop computers, laptops, Chromebooks, Smartphones, iPads, tablets and e-Readers.

Ethical Behaviors: Interactions that align with one's moral code, for example, preventing or not engaging in cyberbullying, trolling or scamming; avoiding plagiarism; supporting others' positive digital identity

Legal Behaviors: Interactions that are mindful of the law. For example, abiding by copyright and fair use, respecting networking protections by not hacking them and not using another's identity.

Intellectual Property: Content or ideas created by an individual or entity, for example, music, photos, narration, text and design

Internet: A global computer network providing a variety of information and communication facilities, consisting of interconnected networks using standardized communication protocols.

Issued Device: Device that is the property of the school and is provided to a student as part of the student's educational program.

Managing Personal Data: For example, creating effective passwords, authenticating sources before providing personal information, sharing personal data conscientiously, not posting address and phone numbers visibly

Network: The system of devices, kiosks, servers, databases, routers, hubs, switches and distance learning equipment.

Online or Networked Devices: For example, internet-connected computers or tablets, multiplayer gaming systems and cell phones

Parent: The biological or adoptive parent, legal guardian or person acting in the absence of the parent or guardian.

Permanence of their actions: Digital content is everlasting; even when individuals delete it or believe privacy settings fully protect them from scrutiny.

Positive Behaviors: Interactions that convey a portrait of the way you want to be perceived and healthy interactions with technology itself, for example, moderating the time online or gaming, ergonomic issues and balancing use of media with daily physical activity.

Rights and Obligations of Using and Sharing: Abiding by copyright and fair use, citing resources, gaining or giving permission to use (content), avoiding plagiarism, understanding and using creative commons.

Safe Behaviors: Interactions that keep you out of harm's way, for example, knowing the identity of who you are interacting with; how much and what kind of information you release online; protecting oneself from scams, phishing schemes and poor purchasing practices (e-commerce theft)

Student Authorized Users: Any student enrolled in this school who is assigned a username and password.

Technology (equipment): Any electronic device or system that uses, stores, manages, carries, or supports audio, video, text or data and includes, but is not limited to, information transmitted or received via radio, television, cable, microwave, telephone, computer systems, networks, copiers, scanners, cell phones/smart devices and fax machines.



Publicity Release Form

ARCHDIOCESE OF WASHINGTON – Catholic Schools

St. Mary's Bryantown Catholic School and the Archdiocese of Washington have opportunities throughout the year to promote Catholic education through news stories in radio, TV, print and electronic media.

Permission is hereby granted to **St. Mary's Bryantown Catholic School**, the Archdiocese of Washington, and the affiliated corporations of the Archdiocese of Washington, to use the voice/audio recordings, photographs, video and quotations of

Print Name of Participant

to assist in community awareness, educational efforts and related public relations purposes, including media coverage of school events and activities and public relations/advertising that may include brochures, posters, print, radio, internet, TV or any other electronic media.

In exchange for the opportunity to participate in the community awareness programs, educational efforts and related publicity endeavors of **St. Mary's Bryantown Catholic School** and the Archdiocese of Washington, I, hereby, agree to release and hold harmless **St. Mary's Bryantown Catholic School**, the Archdiocese of Washington, the affiliated corporations of the Archdiocese of Washington, and their agents, servants and employees from any and all claims, demands, causes of action and/or liability of whatever kind or nature arising out of or connected to the use of said voice/audio recordings, photographs, video and quotations.

I hereby waive any right to compensation, fee or royalty for myself, the participant/student or our successors, heirs or assigns in connection with the production or use of the aforesaid materials.

If Participant is a minor,

Name of Participant: _____
Please Print

Name of Parent/Guardian: _____
Please Print

Signature of Participant: _____
Please Sign

Signature of Parent/Guardian: _____
Please Sign

Home Address: _____
Street Address *Suite #*

City *State* *ZIP Code*

Dated: _____
Month/Day/Year



Chromebook Agreement

St. Mary's Bryantown (SMB) will provide each Grade K-8 student a Chromebook (that will be carried from class to class but NOT taken home), which the student is to use as a positive learning tool in coordination with the school's curriculum. Although this Agreement authorizes the student's use of the device for the year, the device is the property of St. Mary's Bryantown School and must be returned upon request or on the last day of the student's attendance for the school year. Students and parents must sign this agreement. In using the device, the student is subject to and must comply with all school policies, procedures, and regulations. A violation of any of these policies could result in loss of network privileges, loss of right to use the Chromebook, or appropriate discipline.

Maintenance of Chromebook

- Students are expected to keep the Chromebook in good and working condition.
- Use only a clean, soft cloth to clean the Chromebook. No cleansers of any type should be used. Insert and remove cords and cables carefully to prevent damage to cables and to the Chromebook.
- Do not write or draw on the Chromebook or apply/remove any stickers or labels that are NOT property of SMB.
- Handle the Chromebook carefully and ensure others do the same.
- Do not leave the Chromebook in places of extreme temperature, humidity, or limited ventilation for an extended period of time.

Daily use of the Chromebook: Unless otherwise instructed, the Chromebook is intended for use at school every day. Students are responsible to put Chromebook in the designated charging cabinet so that it may charge for the next school day.

Software: Only legally licensed software/applications, media, or other data is permitted on the Chromebook. Students will not download software/applications, media (including songs, photos, and videos) without a school employee's prior approval. A Student WILL NOT replace the provided operating system on the Chromebook with any custom software or applications. Students WILL NOT remove or modify and school installed software/applications.

Privacy: The Chromebooks provided in the 1:1 program are school property; therefore, any school employee may examine the Chromebooks and search their contents at any time for any reason. Neither students nor parents/guardians have any right to privacy of any data saved on the Chromebook or in SMB network drives. The school Administration may involve law enforcement if it is possible the Chromebook may have been used for an illegal purpose.

Damage of Chromebook: Please report any damage or loss immediately to an SMB employee. Fees for repairs of damaged Chromebooks or for lost Chromebooks will be determined on a case-by-case basis. The decision to assess a charge, as well as the amount of any charge, is at the sole discretion of the school, but will NOT be greater than the full replacement value of the Chromebook. The total amount for a full replacement is \$335.

If available, a replacement Chromebook will be provided to the student.

Agreement & Signature

Use of Chromebooks provided by the St. Mary's Bryantown School is a privilege that supports school-appropriate learning. The consistent operation and maintenance of the Bryantown Network and any equipment in that network relies on all users adhering to established guidelines. By signing this agreement, we agree to follow all responsibilities, expectations, and guidelines that have been outlined in this agreement. I have received the 1:1 Chromebook Student/Parent Agreement and hereby give my permission for my child to utilize the Chromebook provided by the St. Mary's Bryantown and I certify that all information on this form is true and correct. I understand that it is my responsibility to read the agreement.

It is agreed that if the device is deemed unusable, or defective from this agreement signed that the parent will submit \$335 immediately for replacement of the device.

Parent/Guardian Signature _____

Parent Guardian PRINTED NAME _____

Student Signature _____

Student PRINTED NAME _____

Grade _____

**Please print
& have each
student sign**

Student Signature _____

Student PRINTED NAME _____

Grade _____

Student Signature _____

Student PRINTED NAME _____

Grade _____

Student Signature _____

Student PRINTED NAME _____

Grade _____

COVID-19 Acknowledgement Form
Parents/Guardians

In order for students to return to the school campus, this acknowledgement form must be agreed to and signed by the parent/guardian.

School: St. Mary's Bryantown Catholic School

Student(s): _____

Initial each statement below:

_____ I am aware of symptoms associated with COVID-19: Fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; and diarrhea.

_____ If my child(ren) test positive for COVID-19, I ensure isolation according to local health department directives. Once released from isolation, a note from the healthcare provider indicating it is safe to return to school will be provided.

_____ If my child(ren) are exposed to a known case of COVID-19, then I ensure quarantine (10 days) or as directed by the local health department. Documentation from the local health department, indicating release from quarantine and return to school, will be provided.

_____ If my child(ren) have symptoms associated with COVID-19 (Fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; and diarrhea), I will keep my child(ren) home from school. I will provide a healthcare provider note, if requested.

Parent/Guardian Signature

Date

Student's Last Name
Please Print

**St. Mary's Bryantown
Cell Phone
Acknowledgment Form
2023 - 2024**

If your child brings a cell phone to school, it must be turned off and put away in his/her backpack while at school. Please refer to the Parent/Student Handbook under Technology and Internet Usage for more information regarding cell phones and other devices. If your child needs to reach you while at school, the telephone in the main office is available.

Please sign and return this form acknowledging your understanding of our cell phone policy, and in order for your child to bring a cell phone to school.

Cell Phone Acknowledgment Form

Parent Name. *Please Print.*

Parent signature.

Student Name(s).

Please include all SMB students, even if they do not currently bring a cell phone to school.

Student's Last Name
Please Print

Volunteer Acknowledgement 2023-2024

I pledge to volunteer my time and talents in service to the children of St. Mary's Bryantown Catholic School.

I will uphold the expectations to the role of volunteer by observing guidelines outlined in the Volunteer Handbook, Parent and Student Handbook, and by being committed to my duties.

I promise to respect the confidentiality of the students, faculty and staff.

I have read and understand St. Mary's mission statement and will follow the rules, policies and procedures outlined in the Volunteer Handbook to the best of my ability.

Volunteer Name (Please Print)

Volunteer Signature

Date



IMMUNIZATION POLICY ACKNOWLEDGMENT

THE ROMAN CATHOLIC ARCHDIOCESE OF WASHINGTON – Catholic Schools

ALL PARENTS OF STUDENTS ATTENDING ARCHDIOCESAN CATHOLIC SCHOOLS IN MARYLAND MUST READ THIS FORM, SIGN BELOW, AND RETURN IT TO YOUR CHILD'S SCHOOL WITH THE MSDE OFFICE OF CHILD CARE IMMUNIZATION CERTIFICATE (ADAPTED FOR USE BY ARCHDIOCESAN SCHOOLS).

To All Parents of Students in Archdiocesan Catholic Schools in Maryland

It is the policy of the Archdiocese of Washington that all students attending schools in the archdiocese (PreK, K-12, and extended care programs) must be fully immunized in accordance with the immunization requirements against contagious diseases published by the local department of health. If your child has a valid medical contraindication to being immunized, and such contraindication is documented by a physician, an exemption may be permitted for the length of time certified as necessary by the child's physician.

Immunization in accordance with the Archdiocese of Washington's policy is a condition for admission into all archdiocesan Catholic schools. To be admitted to attend classes, there must be two forms related to immunization on file at your child's school by the first day of school, and they are:

1. THIS FORM, completed and signed; and
2. Maryland State Department of Education, Office of Child Care Health Inventory & Immunization Certificate, (adapted for use by Archdiocese of Washington's Catholic Schools in Maryland) signed by a medical provider and parents.

Acknowledgment

To All Parents/Guardians: Please provide the following information and sign below to acknowledge that you understand and agree to this policy.

Child's Name:

Last

First

M.I. (Jr., III)

School: St. Mary's Bryantown School

Sex:

☐
Male

☐
Female

Date of Birth:

mm/dd/yyyy

Parent/Guardian Name:

Home Phone: ()

Home Address:

Street Address

. Suite #

City

State

ZIP Code

I have read and understand the Archdiocese of Washington's Immunization policy listed above:

Parent/Guardian Signature: Date:

Please Sign

mm/dd/yyyy

For All Students

PART I - HEALTH ASSESSMENT To be completed by parent or guardian

Child's Name:			Birth date:		Sex
<div style="display: flex; justify-content: space-between;"> Last First Middle </div>			<div style="display: flex; justify-content: space-between;"> Mo / Day / Yr </div>		M <input type="checkbox"/> F <input type="checkbox"/>
Address:					
<div style="display: flex; justify-content: space-between;"> Number Street Apt# City State Zip </div>					
Parent/Guardian Name(s)		Relationship	Phone Number(s)		
		W:	C:	H:	
		W:	C:	H:	
Medical Care Provider		Health Care Specialist	Dental Care Provider	Health Insurance	Last Time Child Seen for
Name:		Name:	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Exam:
Address:		Address:	Address:	Child Care Scholarship	Dental Care:
Phone:		Phone:	Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	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	<input type="checkbox"/>	<input type="checkbox"/>			
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>			
ADHD	<input type="checkbox"/>	<input type="checkbox"/>			
Autism Spectrum Disorder	<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"/>			
Communication	<input type="checkbox"/>	<input type="checkbox"/>			
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>			
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>			
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes	<input type="checkbox"/>	<input type="checkbox"/>			
Feeding/Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>			
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>			
Heart	<input type="checkbox"/>	<input type="checkbox"/>			
Hospitalization (When, Where, Why)	<input type="checkbox"/>	<input type="checkbox"/>			
Lead Poisoning/Exposure	<input type="checkbox"/>	<input type="checkbox"/>			
Life Threatening/Anaphylactic 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"/>			
Sensory Impairment	<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"/>			
Vision	<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, If yes, attach the appropriate form.					
Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach the appropriate form and Individualized Treatment Plan					
Does your child require any special procedures? (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate form and Individualized Treatment Plan					
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.					
Printed Name and Signature of Parent/Guardian					Date

For Updates & All New Students

PART II - CHILD HEALTH ASSESSMENT

To be completed **ONLY** by Health Care Provider

Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>				Birth Date: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Month / Day / Year </div>		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
2. Does the child receive care from a Health Care Specialist/Consultant? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____							
3. 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: _____							
4. Health Assessment Findings							
Physical Exam	WNL	ABNL	Not Evaluated	Health Area of Concern	NO	YES	DESCRIBE
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Dental/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeding Device/Tube	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility Device	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition/Modified Diet	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical illness/impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
Hematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental Milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:			
REMARKS: (Please explain any abnormal findings.) <div style="height: 40px; border: 1px solid black;"></div>							
5. Measurements		Date		Results/Remarks			
Tuberculosis Screening/Test, if indicated							
Blood Pressure							
Height							
Weight							
BMI % tile							
Developmental Screening							
6. Is the child on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate medication and diagnosis: Medication Authorization Form must be completed to administer medication in child care).							
7. 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: _____							
8. Are there any dietary restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify nature and duration of restriction: _____							
9. RECORD OF IMMUNIZATIONS – MDH 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.							
10. RECORD OF LEAD TESTING - MDH 4620 or other official document is required to be completed by a health care provider. Under Maryland law, all children younger than 6 years old who are enrolled in child care must receive a blood lead test at 12 months and 24 months of age. Two tests are required if the 1st test was done prior to 24 months of age. If a child is enrolled in child care during the period between the 1st and 2nd tests, his/her parents are required to provide evidence from their health care provider that the child received a second test after the 24 month well child visit. If the 1st test is done after 24 months of age, one test is required.							

Additional Comments: _____

Health Care Provider Name (Type or Print):	Phone Number:	Health Care Provider Signature:	Date:

For Updates & All New Students

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE ☐ FEMALE ☐ BIRTHDATE ____/____/____

COUNTY _____ SCHOOL St. Mary's Bryantown GRADE _____

PARENT NAME _____ PHONE NO. _____
 OR
 GUARDIAN ADDRESS _____ CITY _____ ZIP _____

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	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr
1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1	DOSE #1		DOSE #1
2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2	DOSE #2		DOSE #2
3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	DOSE #3	Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	
4	DOSE #4	DOSE #4	DOSE #4	DOSE #4	DOSE #4				_____	_____	_____	_____	
5	DOSE #5								_____	_____	_____	_____	

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

Clinic / Office Name
 Office Address/ Phone Number

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

2. _____
 Signature Title Date

3. _____
 Signature Title Date

Lines 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 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 OR ☐ 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: _____ Date _____
 Medical Provider / LHD Official

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)

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

PARENT OR GUARDIAN	LAST	FIRST	MIDDLE
-----------------------	------	-------	--------

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.

Page 6 of 7

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)

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

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.



Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools — Per DHMH COMAR 10.06.04.03
Maryland School Year 2023 - 2024 (Valid 9/1/23 - 8/31/24)

Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs							
Vaccine Child's Current Age	DTaP/DTP/DT¹	Polio²	Hib³	Measles,^{2,4} Mumps, Rubella	Varicella^{2,4,5} (Chickenpox)	Hepatitis B²	PCV³ (Prevnar™)
Less than 2 months	0	0	0	0	0	1	0
2 - 3 months	1	1	1	0	0	1	1
4 - 5 months	2	2	2	0	0	2	2
6 - 11 months	3	3	2	0	0	3	2
12 - 14 months	3	3	At least 1 dose given after 12 months of age	1	1	3	2
15 - 23 months	4	3	At least 1 dose given after 12 months of age	1	1	3	2
24—59 months	4	3	At least 1 dose given after 12 months of age	1	1	3	1
60 - 71 months	4	3	0	2	1	3	0

Required cumulative number of doses for each vaccine for children enrolled in KINDERGARTEN - 12 th grade								
Grade Level Grade (Ungraded)		DTaP/DTP/Tdap/ DT/Td^{1,6}	Tdap⁶	Polio²	Measles,^{2,4} Mumps, Rubella	Varicella^{2,4,5} (Chickenpox)	Hepatitis B²	Meningococcal (MCV4)
Kindergarten, Grade 1, 2, 3, 4 5 & 6	(5 –11 yrs)	3 or 4	0	3	2	2	3	0
Grades 7, 8 & 9	(11 -13 yrs)	3 or 4	1	3	2	2	3	1
Grades 10, 11 & 12	(13 - 18yrs)	3 or 4	1	3	2	1 or 2	3	1

* See footnotes on back for 2023-24 school immunization requirements.

**Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools
Maryland School Year 2023 – 2024 (Valid 9/1/23 - 8/31/24)**

FOOTNOTES

Requirements for the 2023-24 school year are:

- **2 doses of Varicella vaccine for entry into Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th AND 9th grades**

Instructions: On the chart locate the student's age or grade and read from left to right on the chart to determine the **NUMBER** of required vaccinations by age or grade. Dosing or spacing intervals should not be considered when determining if the requirement is met, only count the number of doses needed. MMR and Varicella vaccination dates should be evaluated (See footnote #4).

1. If DT vaccine is given in place of DTP or DTaP, a physician documented medical contraindication is required.
2. Proof of immunity by positive blood test is acceptable in lieu of vaccine history for hepatitis B, polio and measles, mumps, rubella and varicella, **but revaccination may be more expedient.**
3. Hib and PCV (PrevnarTM) are not required for children older than 59 months (5 years) of age.
4. All doses of measles, mumps, rubella and varicella vaccines should be given on or after the first birthday. However, upon record review for students in preschool through 12th grade, a preschool or school may count as valid vaccine doses administered less than or equal to four (4) days before the first birthday.
5. Two doses of varicella vaccine are required for students entering Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th and 9th grades and for previously unvaccinated students 13 years of age or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Medical diagnosis is documented history of disease provided by a health care provider. Documentation must include month and year.
6. Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccine (any combination of the following — DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older. One dose of Tdap vaccine received prior to entering 7th grade is acceptable and should be counted as a dose that fulfills the Tdap requirement.
7. Polio vaccine is not required for persons 18 years of age and older.

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

Regional Offices	Phone
Anne Arundel	410-573-9522
Baltimore City	667-354-5178
Baltimore County	410-583-6200
Prince George's	301-333-6940
Montgomery	240-314-1400
Howard	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 Maryland, Calvert, Charles & St. Mary's	301-475-3770
Harford & Cecil	410-569-2879
Frederick	301-696-9766
Carroll	410-549-6489

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 [CheckCCMD.org](https://www.checkccmd.org).

For additional help, you may contact the Licensing Branch Chief at 410-767-0120.

Resources

Child Care Scholarship (CCS) - Assists eligible parents and families with child care expenses
1-877-227-0125 [money4childcare.com](https://www.money4childcare.com)

Maryland EXCELS - Maryland's Quality Rating System for child care programs
[marylandexcels.org](https://www.marylandexcels.org)

Maryland Developmental Disabilities Council - Assistance with ADA issues
[md-council.org](https://www.md-council.org)

Maryland Infants and Toddlers Program - Early intervention services for young children with developmental delays and disabilities and their families
[referral.mditp.org](https://www.referral.mditp.org)

Maryland Family Network - Assists parents in locating child care
1-877-261-0060 [marylandfamilynetwork.org](https://www.marylandfamilynetwork.org)

Maryland Child - Information about child development, parenting, community resources, mental health, nutrition, literacy, and more.
[Marylandchild.org](https://www.Marylandchild.org)

Maryland State Department of Education
Division of Early Childhood
200 West Baltimore Street
10th Floor
Baltimore, MD 21201
[earlychildhood.marylandpublicschools.org](https://www.earlychildhood.marylandpublicschools.org)

Wes Moore, Governor

Mohammed Choudhury,
State Superintendent of Schools

OCC 1524 (updated June 2023)

Parent's Guide to Regulated/ Licensed Child Care



Information About Child Care Facilities

I have reviewed the Guide to Regulated Child Care and know where to find regulations that govern child care facilities.

PK3 & PK4 Families must sign and date this form

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;
- Taking enforcement action when necessary; and
- Partnering with community organizations and consumers to keep all children in care safe and healthy.

Regulations governing the Maryland State Department of Education (MSDE) fall under COMAR Title 13A. Regulations that govern child care facilities and other information about the Office of Child Care may be found at:

earlychildhood.marylandpublicschools.org/child-care-providers/licensing

What are the types of Child Care Facilities?

Family Child Care – care in a provider's home for up to eight (8) children with no more than two under the age of two.

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

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

Letter of Compliance (LOC) – care in a child care center operated by a religious organization for children who attend 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;
- Must maintain certification in First Aid and CPR;
- Must maintain approved staff and student ratio and provide ACTIVE supervision 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, mental injury, or injurious treatment.

Did You Know?

- The provider's license or registration must be posted in a conspicuous place in the facility;
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care;
- Parents/guardians may visit the facility without prior notification any time their children are present;
- Written permission from parents/guardians is required for children to participate in any and all off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A qualified teacher must be assigned to each group of children in a child care center;
- Staff:child ratios must be maintained at all times in child care centers;
- Parents/guardian 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, CheckCCMD.org, is a resource for parents and families to use to review child care provider's license status, verified complaints, compliance history, and inspection results.

BEFORE AND AFTER CARE REGISTRATION FORM

Registration Fee

There is a \$125.00 registration fee per family due with this Registration Form. This is due by July 31st.

Payments

Payments must be made upon receipt of weekly invoice. A late charge of \$50 may be assessed five days after the date due on items billed by the school office. The school reserves the right to withhold services for failure to pay tuition. In addition, the school reserves the right to withhold the report card, honors cards, awards, restrict access to Plusportals, and participation in the graduation ceremony for any student whose family's financial obligations are not resolved.

Program Hours

The normal program hours are 7:00 a.m. to 8:30 a.m. and 3:45 p.m. to 6:00 p.m. on regular school days. See Page 2 for Before/Aftercare Rates.

Adjusted Program Hours

In the event of a one-hour late opening, the program will open at 8:00 a.m. In event of a two-hour late opening, the program will open at 9:00 a.m. In the event of an early closing, the program will be closed. On all holidays, snow days, etc., the program is closed.

Behavior Problems

Behavior problems will be reported to the parent(s). If they continue, the parent(s) may be asked to remove the child from the program.

Drop Off/Pick Up

Students must be signed in and out by a designated adult. If the student is not signed in and out, the family will be billed for the entire time period of the program.

Snacks

The program has milk and snacks for sale or the parents may provide snacks for their students. Snacks will not be sold in morning care after 8:00 a.m.

See the St. Mary's School Handbook for additional rules and regulations.

Names and Grades of Children:

1. _____ Grade: _____ 2. _____ Grade: _____

3. _____ Grade: _____ 4. _____ Grade: _____

I have read, understood, and accept the Before/Aftercare Rates and Before/Aftercare Registration Form and will responsibly follow through on these policies.

Parent/Guardian Signature: _____ Cell Phone: _____ Date: _____

Additional Signature: _____ Cell Phone: _____ Date: _____

Principal's Signature: _____ Date: _____

Complete this form if you have registered or are registering for BAC. \$125 paid through TADS or the main office. This may have been paid during Registration on TADS.

2023 – 2024 Before and After Care Rate Schedule

<u>Time</u>	<u>Single Child</u>	<u>Two Children</u>	<u>Family</u>
<i>Morning</i>			
8:00 – 8:30 a.m.	\$11.00 per day	\$14.00 per day	\$15.00 per day
7:30 – 8:30 a.m.	\$12.00 per day	\$15.00 per day	\$16.00 per day
7:00 – 8:30 a.m.	\$13.00 per day	\$16.00 per day	\$17.00 per day
<i>Afternoon</i>			
3:30 – 4:30 p.m.	\$11.00 per day	\$14.00 per day	\$15.00 per day
3:30 – 5:00 p.m.	\$12.00 per day	\$15.00 per day	\$16.00 per day
3:30 – 5:30 p.m.	\$13.00 per day	\$16.00 per day	\$17.00 per day
3:30 – 6:00 p.m.	\$14.00 per day	\$17.00 per day	\$18.00 per day
<i>Early Dismissals</i>			
1:30 – 2:30 p.m.	\$12.00 per day	\$15.00 per day	\$16.00 per day
1:30 – 3:00 p.m.	\$13.00 per day	\$16.00 per day	\$17.00 per day
1:30 – 3:30 p.m.	\$14.00 per day	\$17.00 per day	\$18.00 per day
1:30 – 4:00 p.m.	\$15.00 per day	\$18.00 per day	\$19.00 per day
1:30 – 4:30 p.m.	\$16.00 per day	\$19.00 per day	\$20.00 per day
1:30 – 5:00 p.m.	\$17.00 per day	\$20.00 per day	\$21.00 per day
1:30 – 5:30 p.m.	\$18.00 per day	\$21.00 per day	\$22.00 per day
1:30 – 6:00 p.m.	\$19.00 per day	\$22.00 per day	\$23.00 per day

LATE FEE: \$10.00 for each additional five minutes (or part thereof) after 6:00 p.m.

Before and Aftercare bills are due on a weekly basis. Accounts that are more than 2 weeks in arrears are subject to fees and/or loss of service until bill is paid in full.

(This sheet is information – please keep for your records)