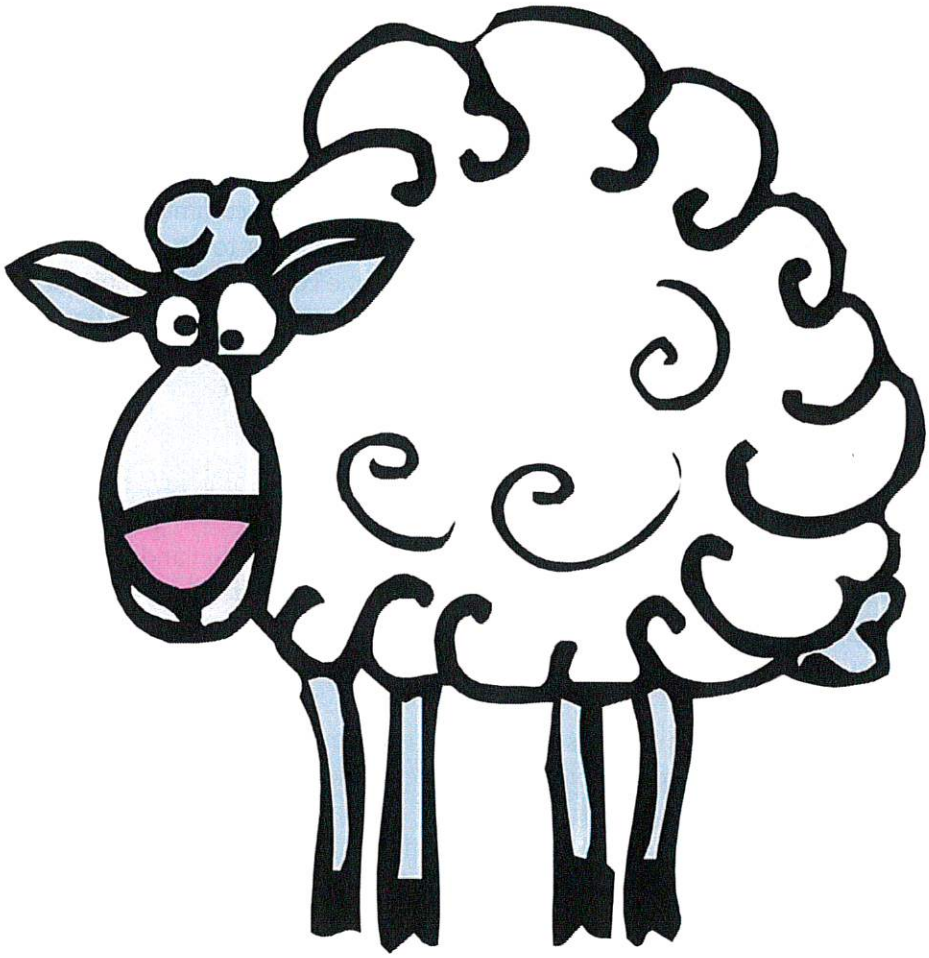
Shepherd's Flock Preschool

Enrollment Packet 2024-2025



Shepherd's Flock Preschool
A ministry of
Chesapeake Christian Fellowship
377 W. Central Avenue
Davidsonville, MD 21035
(410)798-1413

Shepherd's Flock Preschool
Parent Handbook
2024-2025

"You are the light of the world. A city on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, so let your light shine before men, that they may see your good deeds and praise your Father in heaven." Matthew 5:14-16

As Christians, this is our essential mission. Our purpose is to become the light to a dark world. In order to bring the light into the darkness, we must enter the darkness. The goal of Shepherd's Flock Preschool is to equip these young ones so that they may be lights in their homes, communities, and future schools. These children will learn that you do not need to be a grownup in order to be an effective light for our Savior; even these precious little ones can be mighty tools of the Lord. Here at Shepherd's Flock children will learn how to live for God so that they can take His light from this place into the darkness of the world around them. ***Darkness is the absence of light and darkness alone cannot dispel the light, but the smallest light can dispel the greatest darkness.*** Matthew 5:14-16 p.f.

Mission Statement

Our mission at Shepherd's Flock Preschool is to rigorously educate children in Biblical principles, academic standards, and socially appropriate activities. Activities will be fun and structured to keep children actively engaged in the learning process. Children will be provided with incentives to reward them for positive behavior and academic accomplishments.

Enrollment:

The Shepherd's Flock Preschool shall always maintain an enrollment record for each child. Forms contained in this packet are required for your child to attend Shepherd's Flock. Currently, enrolled Preschool students may simply complete the last form of this packet to enroll. New health forms are not necessary. Your child's pediatrician, as well as you, must fill out the forms appropriately. Please inform us of any changes in address, phone numbers, or other vital information. This record will be kept current and shall include the following information:

- Emergency Preparedness/Evacuation Plan
- Photograph & Video Release Form
- Parent Contract - completed by parent (once each year)
- Registration Form - completed by parent
- Emergency Form - completed, signed by parent
- Health Inventory Part I - completed, signed by parent
- Health Inventory Part II - completed by doctor
- Lead Screening Addendum - completed by doctor
- Immunization Certification - completed by doctor, or parent for religious exemption

Hours of Operation:

We ask that parents arrive no earlier than five minutes prior to the start time and arrive promptly at dismissal time.

Full-Day program meets: Mon-Fri 9 am - 4 pm
Part-time program meets: Mon-Fri 9 am - 12 pm or 1 pm - 4 pm
Our curriculum is based on a 5-day school week, but we can work with you to choose a schedule of day(s) that fit for your family.

Full-Day Program:

We are happy to provide a full-day program to interested parents. For participation in the full-day program, parents are required to provide lunch/drink for their child. We do offer a nap between 1-3 pm for those that need it. Our school will offer two snacks during the day.

Pre-K and 3-year-old Class:

Our preschool is open to children that are at least 3 years old by September 1st in the year of enrollment. Children must also be potty trained. We have three classrooms and will place your child in the room which best fits their academic needs and abilities.

Before and After Care:

We are glad to provide Before and After Care for our students. Before Care is offered during the hours of 7-9 am in the morning and After Care is from 4-5 pm in the evening. The program runs Monday through Friday. The cost is $7 per hour (or any part thereof). Please let the staff know if you are interested in participating as space may be limited.

School Calendar &: Holidays:

- School Begins- September 3
- Thanksgiving - November 28-29
- Christmas - December 23 to January 1
- Martin Luther King, Jr. Day - January 20
- Presidents Day - February 17
- Good Friday/Easter Monday - April 18-21
- Memorial Day - May 26
- Last Day of School - June 6

Tuition:

- Full Day - $825/month (Monday - Friday 9 am to 4 pm)
  We currently offer a sibling discount of 10% off tuition on the second sibling.
- Before & After Care - $7/hour
- Part-time - $7/hour
- Non-refundable registration fee* $125 (includes t-shirt purchase) required for new student enrollments
- Non-refundable reenrollment fee of $125 due at time of sign up
- Snack fee - $100 for half-day students / $200 for full-day students
- Abeka curriculum fee of $125 for 4s; may be paid up front or paid in nine monthly payments

In the event of closure due to unforeseen circumstances, tuition is still required. This may be revised in extreme instances at the discretion of our administration. We are unable to offer tuition credits or make-up days for reasons such as, but not limited to, illness, inclement weather, family vacations, and outings.

Late Pick-up Fees:

Parents who are consistently late picking up their children will pay a late fee of $6.00 for every 10 minutes late. If an emergency arises and you are unable to pick your child up on time, please notify the school as soon as possible by calling (410)798-1413.

Tuition and Payment Schedule:

The registration fee (new students only) is due upon enrollment. To hold your child's position, you must submit the non-refundable $125 registration fee with the registration paperwork.

A non-refundable reenrollment deposit of $125 is due to hold your child's spot. This amount will be applied to your first month's tuition.

The first tuition payment and snack fee are due by September 1st. The remaining eight tuition payments (for a total of nine) are due the 1st of each month (September through May). Personal checks are acceptable and must be made payable to CCF. Online payments can be made through: www.4thelord.org. We ask that if you pay online, you choose the option to include processing fees with your payment.

Tuition Payment Fees:

We strongly encourage you to keep your accounts up to date as this will enable us to keep our fees down.

- If your tuition payment is not received by the 1st of the month, you will receive an email and hard copy letter about your late payment. You will also receive a follow-up call.
- If payment still has not been received, you will receive a call from the Finance Office and a $25 late fee will be assessed.
- If payment is not received by the end of that month, your child will not be allowed to attend school.
- If a payment is returned, the parent will be held responsible for any fees assessed by the school's financial institution.

If you are having difficulties, we urge you to reach out to the Finance Office at (410)798-1413 as soon as possible.

Termination Policy:

Shepherd's Flock Preschool reserves the right to terminate the care of any child:

- That consistently hits, bites, or otherwise injures other children
- That consistently acts out through swearing, tantrums, or other forms of aggression
- Whose parents routinely abuse drop-off and pick-up times
- Whose parents are delinquent in tuition payments
- whose parents regularly fail to prepare their child with necessary materials and/or clothes
- whose parents are abusive/disrespectful toward staff

Child Abuse:

If any staff member of Shepherd's Flock Preschool suspects a child is being abused, that staff member is required to report immediately to the pastors of Chesapeake Christian Fellowship and/or to the director. The staff member will then report his or her suspicion to the Child Protective Services of Anne Arundel County, Maryland as required by law.

Illness:

If any child becomes ill to the extent that it puts other children at risk of becoming ill, that child will be separated from the class and the parents will be notified as soon as possible. Together, we will determine the best course of action to care for that child appropriately, which may include picking the child up from school. We ask that you keep your child home if he or she has a temperature of 100°F or higher, vomiting, diarrhea, persistent running nose, or excessive coughing. Please do not return to school until fever and symptom-free 24 hours. We reserve the right to disallow children from care who exhibit any of these signs of illness with appropriate discretion. Communicable diseases will be reported to the Department of Health when necessary. If you decide to keep a child home due to illness, we ask that you inform the school at (410)798-1413.

Medication:

Medication can only be administered when the attached Parent's Request to Administer Medication at School form is returned. All instructions must be followed and adhered to.

Incentives:

Incentives are a standard part of our day at Shepherd's Flock Preschool. Children will be rewarded with and encouraged by incentives of all types. Incentives may include stickers, stamps, special privileges, special treats, special snacks, movie time or special toys.

Indoor Rules	Outdoor Rules
Share with friends.	Play gently with all toys.
Talk and play quietly inside.	Use climbing equipment properly.
Walk inside.	Stay in our designated play area.
Play gently with toys.	Obey your teachers.
Obey your teachers.	Play kindly with your friends.

Timeouts:

A designated area will be set aside for children who are disruptive, aggressive, disobedient, or violent. Children who are placed in timeout will remain there until they are prepared to return to the activity. While in timeout, children will speak to the teacher about why they are in timeout. Maximum time is no longer than the child's age in minutes. Parents will be informed when a child has been placed in timeout several times for the same behavior. Excessive timeouts will require a parent conference to determine how to encourage appropriate, positive behavior.

Potty Training:

We ask that your child be potty trained before attending preschool. We do understand that this is not a fool-proof process; therefore, we ask that you provide an extra set of clothes for your child in case of accidents.

Snacks:

Snacks are provided during each session. Except for special occasions and special dietary needs, we ask that you do not send your child any food or candy (except lunches). Special occasions include birthdays and other celebrations.

Supplies:

Please bring school supplies in on the first day of preschool. The supplies your child will need are the following:

- One container of Clorox wipes (two for full day)
- Two containers of hand soap (four for full day)
- Two packages of baby wipes (four for full day)
- Two boxes of tissues
- Two rolls of paper towels
- Change of clothes for their cubby

Weather Policy:

- In the event of any inclement weather, you will be informed the night prior or the morning of via text and email. This includes delays and early dismissals.
- If you are unsure of our schedule, please check your email for an update.

Emergencies:

- Each month we will practice fire, security, and weather drills. Evacuation plans will be posted in the classroom. In case of a fire emergency, children will be evacuated to a safe distance from the building.
- If a child has a medical emergency, immediate first aid will be given. We will then call an ambulance and follow the recommendations of the paramedics. Parents will be notified immediately. When a parent is not available, the emergency contact person will be notified. Parents will be responsible for any expenses incurred as a result of hospital visits, emergency care, etc. In case of this type of emergency, children will be transported to Anne Arundel Medical Center.

Health Policies and Procedures:

- Non-emergency injuries/illnesses will be treated, and parents will be notified. A detailed record of these incidents will be kept for each child.
- Staff members will wash and sanitize their hands before and after eating, handling, and preparing foods, or handling contaminated clothes or other such items.
- Children will wash and sanitize their hands after playing outdoors, before and after eating, and after using the restroom.
- Parents are required to keep a current record of immunizations and the child's last physical exam on file with the school.
- Parents are requested to notify the school of any special health problems.

Conferences:

Conferences can be scheduled upon request. Please reach out to your teacher if you would like to schedule a conference.

Volunteers:
Parents are asked to volunteer on a regular basis. We understand that sometimes volunteering is difficult given the time constraints of your busy schedule. If you have a desire to volunteer, please speak to Ms. Kandi about arranging times you would like to help.

Release of Students:
Our number one goal at Shepherd's Flock Preschool is to keep your child safe and happy. Parents must enter the building and walk their child/children to and from the classroom. When picking up your children, we ask that you be in a sober and clear-headed state of mind. If we believe that a parent or guardian of a child is under the influence of drugs or alcohol, we will not hesitate to call the police and inform them that an intoxicated driver has left with a child. Children will only be released to adults whose names appear on the enrollment form.

In case of an emergency, verbal confirmation of another adult picking up your child is acceptable, if he/she shows proper identification.

In cases where parents are divorced, parents must submit a copy of divorce papers/custody agreements to determine which parent is legally allowed to pick up their child.

Field Trips:
On several occasions throughout the year, we will be taking field trips to local sites. In these cases, parents will be informed in advance of the event in writing. Parents will also be encouraged to volunteer time to help on these trips. Transportation will be provided by the Chesapeake Christian Fellowship bus and will be operated by a fully licensed individual. When our school is participating in a field trip, there is no alternative for students to remain at school that day.

Shepherd's Flock T-shirts:
For the upcoming school year, all children will have a Shepherd's Flock Preschool t-shirt. This shirt will be instrumental in safety during our many field trips. The cost of the shirt is $25 and is included in the non-refundable registration fee of $125. Parents are encouraged to order a t-shirt as well! The cost for an adult t-shirt is $35. Please inform your child's teacher if you wish to order an adult t-shirt. If you have any questions, please let us know!

EMERGENCY PREPAREDNESS PLAN

Child Care/Provider Name: Shepherd's Flock

Address: 377 W. Central Avenue
Davidsonville, MD 21035

Telephone: (410)798-1413

Email: SF@4thelord.org

Program Type: Center

OCC License Number: 02-130502

Location of Emergency Information in Child Care:

Posted by the phone in the four-year-old room and posted by the door in the three-year-old rooms.

Disaster Supply Kit:

First Aid kit, water, non-perishable food, extra clothes, emergency forms, wipes, paper towels, medication, hand sanitizer, disposable utensils, whistle, pull-ups, plastic sheeting, duct tape, debris masks, bleach, medicine dropper, non-electrical can opener, trash bags, games/ activities.

Emergency Service Numbers

Local Emergency Operations Center: Office of Emergency Mgmt. 410-222-0600

Ambulance, Police, & Fire:	911
Poison Control Center:	1-800-222-1222
Utilities:	BGE 877-778-2222/410-685-0123
Health Department:	410-222-7095
Local OCC Office:	AA Co. Region 410-514-7850
Hospital:	Anne Arundel Medical Center 443-481-1000
Office of Emergency Management:	410-222-0600
Other Important Numbers:	AAPD Non-emergency number 410-222-1961

Emergency Evacuation Procedures: In the event of required evacuation all parents/guardians will be notified, and the following procedures will be followed:
List two possible locations:

1.	**Evacuation Route:**	Left on Central Avenue Go ½ mile- Riva Trace Baptist Church on left
	Evacuation Location:	Riva Trace Baptist Church (1/2 mile west of CCF)
	Address:	475 W Central Avenue Davidsonville, MD 21035
	Phone Number:	410-798-4868
2.	**Evacuation Route:**	Right Central Avenue Right Route 2 Until Circle, go ¾ ways around and follow Route 2 to first light Left onto E. Bay Front Road Left into second driveway
	Evacuation Location:	Steve Myers
	Location:	50 E Bay Front Road Deale, MD 20751
	Phone Number:	443-458-8105

If sheltering in place is required, the following procedures will be followed:

- Children will be consolidated into large groups.
- If fire is present, we will evacuate the building and travel by bus to Riva Trace Baptist Church, where children will be retrieved.
- If natural disaster threatens, children will be moved to the hallway below the Family Life Center- where we will shelter in place.
- If emergency personnel order an evacuation, we will attempt to evacuate to Riva Trace Baptist Church. If that is not possible, we will relocate to Steve Myers' home.
- Children's physical and emotional needs will be met while in the care of Shepherd's Flock until retrieved by parents.
- All disaster supplies will be in our building and classrooms.

Special Accommodations
Student medication will be part of the disaster kit and will be transported during an evacuation.

Parent Copy

During an Emergency, the following person(s) are responsible for:

Task	Person/Staff	Task	Person/Staff
Declaring Emergency	Director/Pastor	Arranging Transportation	Director/Pastor
Calling for Assistance	All Staff	Carrying Medication	All Staff
Contacting Families	All Staff	Taking attendance after evacuation	All Staff
Decision to evacuate	Director/Pastor	Determine emergency is over	Director/Pastor
Contact Emergency Site	Director/Pastor	Conduct Emergency Drill	All Staff
Communicating EP Plan to parents/staff	Director	Carry Disaster Supply Kit	All Staff

Procedures for notifying parents:

1. **Notification by email**
2. **Notification by phone call**
3. **Notification by text message**

This concludes the parent portion of the handbook. Please keep this on hand for your reference.

All following pages must be reviewed, completed, and submitted to Shepherd's Flock no later than the first day of school.

*Only new students need to complete the medical forms.

*Reenrolling students only need to update the emergency form (and initial).

During an Emergency, the following person(s) are responsible for:

Task	Person/Staff	Task	Person/Staff
Declaring Emergency	Director/Pastor	Arranging Transportation	Director/Pastor
Calling for Assistance	All Staff	Carrying Medication	All Staff
Contacting Families	All Staff	Taking attendance after evacuation	All Staff
Decision to evacuate	Director/Pastor	Determine emergency is over	Director/Pastor
Contact Emergency Site	Director/Pastor	Conduct Emergency Drill	All Staff
Communicating EP Plan to parents/staff	Director	Carry Disaster Supply Kit	All Staff

Procedures for notifying parents:

1. Notification by email
2. Notification by phone call
3. Notification by text message

_____have received the above emergency preparedness plan for SHEPHERD'S FLOCK and understand that every effort will be made to follow the plans listed above. In the event of an unforeseen emergency not outlined in this plan, I will be notified as soon as possible regarding the location and status of my child.

_____

Parent or Staff Signature **Date** **Provider Signature** **Date**

Shepherd's Flock Preschool
Chesapeake Christian Fellowship
Photograph and Video Release Form

I hereby give permission for images of my child and their likeness, without name recognition, to be used in any and all publications, including but not limited to Chesapeake Christian Fellowship's printed and digital publications.

I have read and accept the above.

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent Contract

I_____, have received a copy of the parent handbook for Shepherd's Flock.

I am also aware of the termination policy and policy for reporting child abuse.

I agree to abide by the policies and procedures set forth in this handbook.

By signing this contract, I acknowledge my receipt of the parent handbook and agree to follow the policies and procedures defined within the parent handbook.

Signature: _____ Date: _____

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care

CACFP Enrollment: Yes:☐ No:☐

Meals your child will receive while in care:

BK☐ LN☐ SU☐ AM Snk☐ PM Snk☐ Evng Snk☐

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

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

(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

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

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

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 health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- **Evidence of immunizations**. The immunization certification form (MDH 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/child-care-providers/licensing/licensing-forms Select MDH 896.
- **Evidence of Blood-Lead Testing for children younger than 6 years old**. The blood-lead testing certificate (MDH 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/child-care-providers/licensing/licensing-forms Select MDH 4620.
- **Medication Administration Authorization Forms.** If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the parent has an objection based on their bona fide religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner, or health department official certifies that there is a medical reason for the child not to receive a vaccine.

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

INSTRUCTIONS

Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form.

If the child does not have health care insurance or access to a health care provider, or if the child requires an individualized health care plan or immunizations, contact the local Health Department. Information on how to contact the local Health Department can be found here: https://health.maryland.gov/Pages/Home.aspx#

The Child Care Scholarship (CCS) Program provides financial assistance with child care costs to eligible working families in Maryland. Information on how to apply for the Child Care Scholarship Program can be found here: https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program

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

Child's Name: _____ **Birth date:** _____ **Sex** M☐F☐
Last First Middle Mo / Day / Yr

Address: _____
Number Street Apt# City State Zip

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		W:	C:	H:
		W:	C:	H:

Medical Care Provider	Health Care Specialist	Dental Care Provider	Health Insurance	Last Time Child Seen for
Name:	Name:	Name:	☐ Yes ☐ No	Physical Exam:
Address:	Address:	Address:	Child Care Scholarship	Dental Care:
Phone:	Phone:	Phone:	☐ Yes ☐ 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	☐	☐	
Asthma or Breathing	☐	☐	
ADHD	☐	☐	
Autism Spectrum Disorder	☐	☐	
Behavioral or Emotional	☐	☐	
Birth Defect(s)	☐	☐	
Bladder	☐	☐	
Bleeding	☐	☐	
Bowels	☐	☐	
Cerebral Palsy	☐	☐	
Communication	☐	☐	
Developmental Delay	☐	☐	
Diabetes Mellitus	☐	☐	
Ears or Deafness	☐	☐	
Eyes	☐	☐	
Feeding/Special Dietary Needs	☐	☐	
Head Injury	☐	☐	
Heart	☐	☐	
Hospitalization (When, Where, Why)	☐	☐	
Lead Poisoning/Exposure	☐	☐	
Life Threatening/Anaphylactic Reactions	☐	☐	
Limits on Physical Activity	☐	☐	
Meningitis	☐	☐	
Mobility-Assistive Devices if any	☐	☐	
Prematurity	☐	☐	
Seizures	☐	☐	
Sensory Impairment	☐	☐	
Sickle Cell Disease	☐	☐	
Speech/Language	☐	☐	
Surgery	☐	☐	
Vision	☐	☐	
Other	☐	☐	

Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?

☐ No ☐ Yes, If yes, attach the appropriate OCC 1216 form.

Does your child receive any special treatments? (Nebulizer, EPI Pen, Insulin, Blood Sugar check, Nutrition or Behavioral Health Therapy /Counseling etc.) ☐ No ☐ Yes If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan

Does your child require any special procedures? (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.)

☐ No ☐ Yes, If yes, attach the appropriate OCC 1216 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

PART II - CHILD HEALTH ASSESSMENT
To be completed *ONLY* by Health Care Provider

Child's Name: Last / First / Middle	Birth Date: Month / Day / Year	Sex M ☐ F ☐

1. Does the child named above have a diagnosed medical, developmental, behavioral or any other health condition?
☐ No ☐ Yes, describe:

2. Does the child receive care from a Health Care Specialist/Consultant?
☐ No ☐ 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.
☐ No ☐ Yes, describe:

4. Health Assessment Findings

Physical Exam	WNL	ABNL	Not Evaluated	Health Area of Concern	NO	YES	DESCRIBE
Head	☐	☐	☐	Allergies	☐	☐	
Eyes	☐	☐	☐	Asthma	☐	☐	
Ears/Nose/Throat	☐	☐	☐	Attention Deficit/Hyperactivity	☐	☐	
Dental/Mouth	☐	☐	☐	Autism Spectrum Disorder	☐	☐	
Respiratory	☐	☐	☐	Bleeding Disorder	☐	☐	
Cardiac	☐	☐	☐	Diabetes Mellitus	☐	☐	
Gastrointestinal	☐	☐	☐	Eczema/Skin issues	☐	☐	
Genitourinary	☐	☐	☐	Feeding Device/Tube	☐	☐	
Musculoskeletal/orthopedic	☐	☐	☐	Lead Exposure/Elevated Lead	☐	☐	
Neurological	☐	☐	☐	Mobility Device	☐	☐	
Endocrine	☐	☐	☐	Nutrition/Modified Diet	☐	☐	
Skin	☐	☐	☐	Physical illness/impairment	☐	☐	
Psychosocial	☐	☐	☐	Respiratory Problems	☐	☐	
Vision	☐	☐	☐	Seizures/Epilepsy	☐	☐	
Speech/Language	☐	☐	☐	Sensory Impairment	☐	☐	
Hematology	☐	☐	☐	Developmental Disorder	☐	☐	
Developmental Milestones	☐	☐	☐	Other:			

REMARKS: (Please explain any abnormal findings.)

5. Measurements	Date	Results/Remarks
Tuberculosis Screening/Test, if indicated		
Blood Pressure		
Height		
Weight		
BMI % tile		
Developmental Screening		

6. 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).
https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

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

8. Are there any dietary restrictions?
☐ No ☐ 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 **or** a computer generated immunization record must be provided. (This form may be obtained from: **https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms** Select MDH 896.)

10. **RECORD OF LEAD TESTING -** MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: **https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms** Select MDH 4620)

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:

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

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

CHILD'S NAME: _____
LAST FIRST MI

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

PARENT/GUARDIAN NAME: _____ PHONE NO.: _____

ADDRESS: _____ CITY: _____ ZIP: _____

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

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

1. _____ _____
Name Title

_____ _____
Signature Date

2. _____ _____
Name Title

_____ _____
Signature Date

Clinic/Office Name, Address, Phone

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

Lead Risk Assessment Questionnaire Screening Questions:

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

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

Parent/Guardian: I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child and understand the potential impact of not testing for lead exposure as discussed with my child's health care provider.

_____ _____
Parent/Guardian Signature Date

Environmental Health Bureau
mdh.envhealth@maryland.gov

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

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

How To Use This Form

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

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

A parent/guardian and a child's health care provider should complete this form when enrolling a child in child care, pre-kindergarten, kindergarten, or first grade. Completed forms should be submitted by the parent/guardian to the Administrator of a licensed child care, public pre-kindergarten, kindergarten, or first grade program prior to entry. The child's health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature sections. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

Frequently Asked Questions

1. **Who should be tested for lead?**

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

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

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

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

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

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

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

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

   Maryland and local jurisdictions have programs for families with a child exposed to lead:
   - Maryland Home Visiting Services for Children with Lead Poisoning
   - Maryland Healthy Homes for Healthy Kids – no-cost program to remove lead from homes

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

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

   Families can also contact the Mid-Atlantic Center for Children's Health & the Environment Pediatric Environmental Health Specialty Unit – Villanova University, Washington, DC.
   Phone: (610) 519-3478 or Toll Free: (833) 362-2243
   Website: https://www1.villanova.edu/university/nursing/macche.html

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE ____/____/____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN NAME _____ PHONE NO. _____

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 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 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

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: _____

Only complete if your child is a new student

Registration Form **Date: _____**

Our mission at Shepherd's Flock Preschool is to rigorously educate children in Biblical principles and academic standards. We will prepare these children in such a manner that upon entrance into grade school they will be a step ahead and prepared for the challenges ahead. Activities will be fun and structured, to keep children actively engaged. Children will be provided with incentives to reward them for positive behavior and academic accomplishments.

Parent Name(s): _____

Address: _____

Work Phone Number: Mom: (_____) _____Dad: (_____) _____

Cell Phone Number: Mom: (_____) _____ Dad: (_____) _____

Email Address(es) for our weekly newsletter: _____

_____

Child's Full Name: _____

Child's Birthdate: _____ Child's Current Age: ____

Anticipated Schedule: _____

Membership Status at CCF: _____Member _____Regular Attender _____Neither

Introduce Your Child:

_____
_____
_____
_____

Detail Any Special Needs or Health Concerns:

_____
_____
_____
_____

What would you like to see your child accomplish in Preschool?

_____
_____
_____
_____

Revised 1/17/2024

Shepherd's Flock Preschool Schedule

School Year 2024-2025

Please complete the following information regarding your child's enrollment for the upcoming school year. **You are required to include the non-refundable $125 registration fee (new students only) OR the non-refundable $125 deposit with this form to be considered for enrollment.** The remaining paperwork must be submitted before the start of school. You will be notified via email of acceptance within two weeks. If you have any questions, let us know.

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE

Student Name: _____ DOB: _____

Are you a returning student? Yes ____ No ____

PLEASE MARK WITH AN 'X' IN ALL TIME SLOTS THAT YOU WOULD LIKE TO SIGN UP FOR
PLEASE NOTE THAT YOU MAY BE WAITLISTED FOR SOME SESSIONS

	Before Care (7-8am)	Before Care (8-9am)	Morning (9-12pm)	Lunch (12-1pm)	Afternoon (1-4pm)	After Care (4-5pm)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Parent Names: _____/_____

Parent Phone Numbers: _____/_____

Parent Emails: _____/_____

Home Address: _____

Date Signed: _____

Revised 1/17/2024

Miscellaneous Information:

- If you have any questions regarding Shepherd's Flock, please contact the school at (410)798-1413.
- **To reserve your enrollment position, you must submit this registration form along with either your $125 registration fee OR your $125 re-enrollment fee and appropriate paperwork.**
- If, for any reason, your child will not be returning to Shepherd's Flock Preschool, please let us know immediately.

Parent/Guardian Signature: _____ Date: _____

For Staff Use Only:

Date of Registration: _____

Enrollment Form Complete: _____

Enrollment Fee Paid: _____

Operational Policy signed and dated by parent: _____