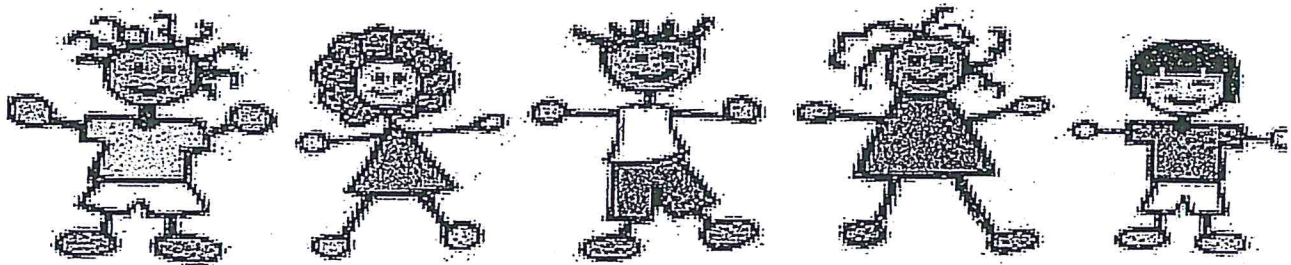


# Welcome

God's Little Angels Learning Center

6247 Kenwood Ave, Rosedale MD 21237

410-866-0018



**Infants – Pre-K 4**  
Application Packet



## GLA Academy Information Sheet

### (7:00a.m.-6:00p.m.) Preschool and Learning Center (All Day Care) Daycare Vouchers Accepted

#### **Infants -4 years**

Ages 3 mos.-12 mos. \$250 weekly

Ages 13 mos.-18 mos. \$225 weekly

Ages 19 mos.-23 mos. \$200 weekly

Pre-K2 \$180 weekly

Pre-K3 and Pre-K4 \$170.00 weekly

\$105.00 non-refundable registration fee and one tuition payment due by first day

Registration fee ½ for each sibling plus \$20 sibling discount. Discounts do not apply to purchase of Care Vouchers.

### (8:00 a.m.- 2:30 p.m.) GLA Academy school of excellence

#### **Kindergarten-6<sup>th</sup> Grade**

Tuition paid in 42 payments of \$165.00 September through June (\$6930/year)

Before /After Care or Transportation is available for an additional \$55.00 per week

\$130 non-refundable registration fee and one tuition payment due at registration

### Before/Aftercare with Transportation for students attending other schools (Rosedale, Cedonia, Gardenville, and NE Altimore)

Before/ Aftercare and transportation \$145 \*\*\*Aftercare W/T \$125 \*\*\*Before care W/T \$95

#### Transportation

Two way \$115 \*\*One way \$90\*\* GLA students Two way \$90 \*\*One way \$70 week

Add' 1 child -1/2 price one way \* Return visit \$50

Add' 1 child ½ price two way \* Route change \$45

Overbound -\$50 and up \* Escort fee \$45

#### Before Aftercare No Transportation

Before/Aftercare no Transportation \$125 week\*\*\*Aftercare W/O Transportation \$105\*\*Before care W/O \$90

Before care and ½ day for preschoolers \$135

#### Drop in care

Non GLA Students \$85 a day

Current GLA Students \$75 a day

Voucher Students \$65 a day

\$115 non-refundable registration

**Curriculum and Thematic Study:** We are a church exempt school under GLA Youth Church. Our school curriculums are a combination of Baltimore City Public Schools common core curriculum K1 & K4 "Little Treasures" by MacMillian/McGraw-Hill and K2 to 5th grade "Reading Street" by Scott Foresman published by Pearson. Our school is exceptionally successful in developing young minds for the future.

**Uniforms** All students are required to wear the school uniform with the school's embroidered logo. See uniform sheet for details

**Summer Camp starts -June 16 (7:00 a.m. – 6:00 p.m.)**

\$10 weekly- includes weekly trips

Also \*\* Breakfast \* Lunch \*students bring a snack





Start Date: \_\_\_\_\_ Service Fee Amt: \_\_\_\_\_ Registration Amount: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**GLA Academy "School of Excellence"**

God's Little Angels Academy  
GLA Youth Church \*\*\* Building Youth Inc.  
6247 Kenwood Avenue \* Rosedale, MD 21237-2020  
Phone: 410~866-0018 or 1091 Fax: 443~772-3517

**Student's Information**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ (Application will be denied without SSN)  
Vouchers: Y \_\_\_\_\_ N \_\_\_\_\_ If yes, voucher #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Is this a Foster Child: \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, Worker's name and number): \_\_\_\_\_  
Will they be visiting the child? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ Work #: \_\_\_\_\_

**Emergency Contact Information (A person NOT mentioned above)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Can Pick Up? \_\_\_\_\_ Y \_\_\_\_\_ N Telephone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Can Pick Up \_\_\_\_\_ Y \_\_\_\_\_ N Telephone #: \_\_\_\_\_

**Medical Emergency Contact Information**

Child Physician or Source of Health Care: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

For EMERGENCIES requiring immediate medical attention, your child will be taken to the nearest hospital emergency room. You signature on the latter portion of this application authorizes the responsible person at GLA to have your child transported to that hospital by car, ambulance, or aid car. My child may also be given emergency treatment by the appropriate GLA staff.

**Transportation Information (If Applicable)**

Is Transportation Needed? \_\_\_\_\_ No \_\_\_\_\_ Yes – If so, please give all necessary details: \_\_\_\_\_  
\_\_\_\_\_

**Medical Section (Complete all questions)**

Is the student in general good health? No \_\_\_\_\_ Yes \_\_\_\_\_ If No, please explain: \_\_\_\_\_  
Does this student have asthma? No \_\_\_\_\_ Yes \_\_\_\_\_  
Is the student on medication? No \_\_\_\_\_ Yes \_\_\_\_\_ For What: \_\_\_\_\_  
Is the student allergic to any foods? No \_\_\_\_\_ Yes \_\_\_\_\_ What: \_\_\_\_\_  
Does the student have any other allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ To What: \_\_\_\_\_  
Date of last tetanus or (DTP) shot: \_\_\_\_\_  
Is the student in good general health? Yes \_\_\_\_\_ No \_\_\_\_\_ If NO, explain: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Is the student currently enrolled in a Maryland school, public or private? Yes \_\_\_\_\_ No \_\_\_\_\_ Which? \_\_\_\_\_  
Are there any behavioral challenges that we should know about? \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

ALL ABOUT:

Child's First Name or Nickname

Child's Name: Birthdate:

Parent/Guardian: Home Phone: Work Phone:

Address: Zip Code:

Provider/Center: Phone:

Address: Zip Code:

The information contained herein is for CONFIDENTIAL USE ONLY.

THINGS MY CHILD DOES WELL

WHAT MY CHILD LIKES AND DISLIKES

THINGS I AM WORKING ON WITH MY CHILD

MY CHILD ENJOYS THESE PHYSICAL ACTIVITIES

# EMERGENCY FORM

BK\_\_ LN\_\_ SU\_\_ AM Snk\_\_ PM Snk\_\_ Evng Snk\_\_

## INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (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	Phone Number(s)		
		Place of Employment: _____ W: _____	C: _____	H: _____
		Place of Employment: _____ W: _____	C: _____	H: _____

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:

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

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

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

## Student information

**Child's Name:** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF EDUCATION  
Office of Child Care

# HEALTH INVENTORY

## Information and Instructions for Parents/Guardians

### REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:  
[http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland immunization certification form dhmh 896 - february 2014.pdf](http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf)

**Evidence of Blood-Lead Testing for children living in designated at risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: [http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh 4620 bloodleadtestingcertificate 2016.pdf](http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh_4620_bloodleadtestingcertificate_2016.pdf)

### EXEMPTIONS

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

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

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

### INSTRUCTIONS

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

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at <http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf>

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.



**PART II - CHILD HEALTH ASSESSMENT**  
To be completed **ONLY** by Physician/Nurse Practitioner

<b>Child's Name:</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	<b>Birth Date:</b> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> <span>Month / Day / Year</span> </div>	<b>Sex</b> M <input type="checkbox"/> F <input type="checkbox"/>
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1. Does the child named above have a diagnosed medical condition?

☐ No ☐ Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.

☐ No ☐ Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: (Please explain any abnormal findings.)

4. RECORD OF IMMUNIZATIONS – DHMH 896/or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: [http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland immunization certification form dhmh 896 - february 2014.pdf](http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland%20immunization%20certification%20form%20dhhm%20896%20-%20february%202014.pdf))

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Is the child on medication?

☐ No ☐ Yes, indicate medication and diagnosis:  
(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).

6. Should there be any restriction of physical activity in child care?

☐ No ☐ Yes, specify nature and duration of restriction:

7. Test/Measurement	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test Indicated: DHMH 4620 <input type="checkbox"/> Yes <input type="checkbox"/> No	Test #1	Test #2
	Test #1	Test #2

\_\_\_\_\_ has had a complete physical examination and any concerns have been noted above.

(Child's Name)

Additional Comments: \_\_\_\_\_

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:
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## 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.</u>	<u>Carroll</u>	<u>Frederick</u>	<u>Kent</u>	<u>Prince George's</u>	<u>Queen Anne's</u>
<u>(Continued)</u>	<u>(Continued)</u>		<u>(Continued)</u>		<u>(Continued)</u>	<u>(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.



## God's Little Angels Disciplinary Procedures

Our Ultimate goal in the area of student behavior is to have all students exercise age appropriate self-discipline. Age appropriate self-discipline means to behave in a manner that is appropriate for that child's particular age and stage development. However, some children may need more time to develop. As we know, each child develops at their own rate. It is our goal at God's Little Angels Learning Center, in collaboration with the child's parent/guardian, to assist in the positive re-enforcement of age appropriate self-discipline by taking the following steps to ensure that each student is able to learn in a safe and nurturing environment, free from challenging behaviors that impede the student's learning, their peers learning and safety, and also the teacher's ability to manage the classroom in a safe, nurturing and academically acceptable space. Therefore, if a student's behavior(s) becomes challenging for the teacher to maintain a safe, nurturing and academically acceptable environment the following is the procedure the teacher will take:

1. The teacher will have a private talk with the student to try to refocus the student.
2. If the behavior continues then age appropriate self-reflection is suggested which is, one minute per age.
3. The teacher will seek administrative assistance, if the challenging behaviors continue.

The Director will take the following actions depending on the severity of the behavior(s) exhibited, each step is progressive if the behaviors continue:

1. Have a talk and or walk with the student.
2. Call the guardian to give the student some words of encouragement to return to class in a positive manner.
3. Have a conference with the teacher and guardian, that may result in the transfer of the student to a new classroom (if space is available). Subsequently a weekly behavior plan will be created and charted.
4. Send the student home for up to three (3) days on a disciplinary removal if warranted.
5. The student will be removed PERMANENTLY from God's Little Angels Learning Center.

Date: \_\_\_\_\_ Student's Printed Name: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



# MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME \_\_\_\_\_  
 LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 OR  
 GUARDIAN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

## RECORD OF IMMUNIZATIONS (See Notes On Other Side)

### Vaccines Type

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

**LOST OR DESTROYED RECORDS:** (Must be reviewed and approved by a medical provider or the local health department. See notes)

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Guardian

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

### MEDICAL CONTRAINDICATION:

The above child has a valid medical contraindication to being immunized at this time.

This is a ☐ permanent condition ☐ temporary condition until \_\_\_\_/\_\_\_\_/\_\_\_\_

Check appropriate box, indicate vaccine(s) and reasons: \_\_\_\_\_

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 immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Important School and Before/After care Guidelines

**\*All students must wear a mask each day\***

\*It is important that all the forms in the packet is completed in its entirety. If you need any assistance with a form, please see the front office.

\*To keep our students as safe as possible no one is allowed in the building except for students and staff.

---

\*All students must be signed in and out each day.

\*Upon arrival each student will have their temperature taken. If the student presents a high temperature, they will not be allowed in the building. If the student presents a high temperature, they will need a negative covid-19 test to return to school.

\*If a student is experiencing any Covid 19 symptoms they will be sent home for the day. We may request that the student takes a covid test and has a negative result to return to school.

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\*If a child tests positive for Covid we will close the school building and the students will continue with sessions online. All students will need a negative covid test to return.

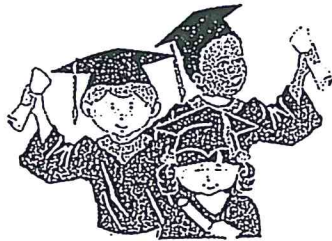
I acknowledge that I have read and understood the above policies and procedures in its entirety and agree to abide by them.

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_



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### Universal Permission Slip for Field Trips

I, \_\_\_\_\_ give God's Little Angels Learning Center permission to walk or transport my child \_\_\_\_\_ to the below locations in the Kenwood Shopping Center and the surrounding area in Rosedale. Parents will be notified of dates and schedule when the trips will take place.

#### **Local Field Trips**

Library

Triple Threat Dance Studio

Discovery Walks

McDonald's

Martial Arts Studio

Bill Batemans

Senior Center

Parks

Performing Arts Studio

GLA Academy School of Excellence

Stores Located in The Kenwood Shopping Center

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## This Brochure Provides Information About:

- The requirements that State-regulated family child care homes and child care centers must meet;
- Your rights and responsibilities as the parent of a child in regulated care, and
- How and where to file a complaint if you believe your child care provider has violated State child care licensing regulations.

## Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education (MSDE), Division of Early Childhood Development. Within the Division, child care licensing is the specific responsibility of the Office of Child Care (OCC), Licensing Branch.

All child care facilities must meet minimum health, safety, and program standards set by Maryland law. To remain licensed, facilities must maintain compliance with those standards. Every licensed facility is inspected by OCC at least once each year to evaluate the facility's compliance with child care regulations.

OCC's thirteen Regional Offices are responsible for licensing activities, including:

- Issuing child care licenses;
- Inspecting child care facilities;
- Investigating complaints against licensed child care facilities;
- Investigating reports of unlicensed (illegal) child care; and
- Taking enforcement action when necessary to achieve compliance with regulations.

There are two types of regulated child care facilities: *family child care homes* and *child care centers*.

## Family Child Care Homes and Child Care Centers Must Meet the Following Requirements:

- Have the approval of OCC, the fire department and other local agencies, as required (i.e., zoning, health, and environment).
- Provide care only in the areas of the facility that have been approved for use.
- Have the license issued by OCC posted where it is easily and clearly visible to parents. The license shows:
  - > the maximum number of children who may be present at the same time;
  - > the age groups which may be served; and
  - > the facility's approved hours of operation.
- At all times, each child must be supervised in a manner appropriate to the child's age, activities, and individual needs.
- All areas of the facility used for child care must be clean, well lit, and properly ventilated. Room temperatures should be comfortable.
- If food service is provided, food must be stored, prepared, and served in a safe, sanitary and healthful manner.
- The facility must offer a daily program of indoor and outdoor activities that are appropriate to the age, needs and capabilities of each child.
- An up-to-date emergency information card must be on file and maintained for each child.
- The facility must post an approved emergency evacuation plan and conduct evacuation drills at least monthly.
- Child discipline procedures must be appropriate to a child's age and maturity level and may not include the deliberate infliction of physical or emotional pain. *Corporal punishment of any kind is strictly prohibited.*

## ADDITIONAL INFORMATION

The Maryland Child Care Credentialing Program has a voluntary

child care credentialing program that recognizes child care providers' education, experience and professional activities at six levels.

Credentialled providers are authorized and encouraged to display the seal issued by the MSDE Office of Child Care.



### Program Accreditation

Child care programs have the option of becoming state or nationally accredited. Accreditation means that the facility and staff have met program standards of quality.

### Child Care and the Americans with Disabilities Act

The federal Americans with Disabilities Act (ADA) requires all child care programs to make reasonable efforts to accommodate children with disabilities. For more information about the ADA, please contact the OCC Regional Office in your area or one of the following organizations:

### LOCATE: Child Care

Maryland Committee for Children, Inc.

608 Water Street

Baltimore, MD 21202

Phone: (410) 752-7588

[www.mdchildcare.org](http://www.mdchildcare.org)

### Maryland Developmental Disabilities Council

217 East Redwood Street, Suite 1300

Baltimore, MD 21202

Phone: (410) 767-3670

(800) 305-6441 (within Maryland)

[www.md-council.org](http://www.md-council.org)



State of Maryland

Marlin O'Malley, Governor

Maryland State Department of Education

Nancy S. Grasmick

State Superintendent of Schools

OCC 1524 (rev. 12/2007)

# A PARENT'S GUIDE TO REGULATED



## CHILD CARE

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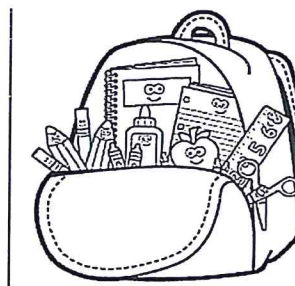
*Important Information for  
Parents of Children in  
Child Care Facilities*

A publication of the  
Maryland State Department of Education  
Division of Early Childhood Development  
Office of Child Care

[www.marylandpublicschools.org/MSDE/divisions/child\\_care/child\\_care.htm](http://www.marylandpublicschools.org/MSDE/divisions/child_care/child_care.htm)



# God's Little Angels Learning Center



## School Supply List (Please label all items)

All Ages	Infant Class (To stay in school)
<ul style="list-style-type: none"> <li>• 4 Face Mask</li> <li>• 3 bottles of Hand Sanitizers</li> <li>• 6 pack of Rolls of paper towel</li> <li>• 4 Boxes of Tissues</li> <li>• 4 bottles of Antibacterial Soaps</li> <li>• 4 Containers of Disinfecting Wipes</li> <li>• Blanket and Fitted Crib Sheet</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Bottles</li> <li>• Formula</li> <li>• 2 Bibs</li> <li>• 1 Burb Cloth</li> <li>• 1 Pacifier</li> <li>• Diapers</li> <li>• Wipes</li> <li>• Cream</li> <li>• 2 pair of Extra Clothes</li> </ul>
Toddler Class (To stay in school)	Pre- K 2 – Pre-K 4 (To stay at School)
<ul style="list-style-type: none"> <li>• Sippy Cup</li> <li>• Box of Diapers</li> <li>• Box of Wipes</li> <li>• 2 Pair of Extra Clothes</li> <li>• Bib</li> <li>• Chubby Crayons</li> <li>• Crayon Box</li> <li>• 1 Folder</li> <li>• 2 Pack Glue Sticks</li> <li>• Art Smock</li> <li>• Backpack</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Chubby Pencil</li> <li>• Pack of Crayons</li> <li>• Pencil Case</li> <li>• Scissors</li> <li>• 2 Folder</li> <li>• Backpack</li> <li>• 4 pack Glue Sticks</li> <li>• 1 Composition Book</li> <li>• 1 Pair of Change of Clothes</li> <li>• Box of Pull ups</li> <li>• Box of Wipes</li> <li>• Art Smocks</li> <li>• Pack of Construction Paper (500 count)</li> </ul>





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## **GLA Uniform and Supply List**

"Dressing for success at God's Little Angels Christian Academy"

School uniforms bring about a positive environment that allows students to focus more on their academic assignments rather than "who's wearing what".

### **Infants Thru Pre-K4**

All our students, age (3) months to (3) years are REQUIRED to wear a RED POLO shirt and Khaki bottom. The shirts MUST be embroidered with the GLA Academy Logo.

### **K-1 Thru 6<sup>TH</sup> Grade**

#### **Girls Attire - Sweaters, Vests, Blazers, Jumpers, Dresses MUST be embroidered**

Navy Blue Polo shirt with "GLA Academy" logo  
Navy Blue Blaze, Vest or sweater w/embroidery  
White Blouse with Embroidered Jumper  
Navy or black shoes

Khaki jumper/dress/skirt  
Navy Plaid /Solid Navy Jumper/dress/skirts  
Navy or Criss Cross Tie (Solid or Plaid)  
Navy or White socks, tights, leggings, Knee highs

#### **Boys Attire**

Navy Blue Polo shirt with "GLA Academy" logo  
Embroidery  
Navy Blue Blaze, Vest or sweater w/embroidery  
White shirt with embroidered vest or blazer  
Solid or striped Necktie  
Navy or Black Shoes

Navy Blue Blazer, Vest or Sweater with  
  
Khaki or Navy pants or shorts  
Navy /Tan/Black/White Socks

### **Embroidery Information**

School Uniform items may be purchased at any store. Alko's will Embroider your clothing for \$6.00 per item. All uniform shirts, blazers, jumpers, dresses, vests and sweaters MUST display the "GLA Academy" logo. Alko's is located at 8801 Kelso Drive, Baltimore, MD 21221 -(410) 391-4270.

**All Students-** School supplies are kept at the school, please have extra supplies at home.

**Please label all items with child's first and last name.**