



## Registration Form 2025-2026

**Ba-Lagan Daycare LLC**  
**602 Marcia Lane**  
**Rockville MD 20851**  
**301-803-9993**  
**EIN#853-06-8368**

**1. Name of Student:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

**2. Age as of 09/01/25:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**3. Preferred language:** \_\_\_\_\_

☐ I allow \_\_\_\_\_ to sleep on a toddler cot/ mattress and to not use a high chair.

**Program Selection: Monday- Thursday 8:30am-4:00pm, Friday 8:30am-3:00pm**

☐ Core Program - 10 months - \$2,000/month

☐ Fill in the Gap - 8:30 - 4:00 - \$100 per day / \$500 per week

## Summer Camp Program

**Hours of operation: Monday- Thursday 8:30am-4:00pm, Friday 8:30am-3:00pm**

☐ Ba-Lagan member price- all 10 weeks- \$4,400

Two equal payments - 7/1 : \$2200 8/1 : \$2200

☐ Ba-Lagan member price- 8:30AM - 4:00PM - \$500 per week

☐ Non-Member : 8:30AM - 4:00PM- \$550 per week

## Student's Family Information

### 1. Parent or Guardian I

Name: \_\_\_\_\_ Telephone (daytime): ( \_\_\_\_\_ )

Street: \_\_\_\_\_ Apt. \_\_\_\_\_ Telephone (evening): ( \_\_\_\_\_ )

City: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### 2. Parent or Guardian II

Name: \_\_\_\_\_ Telephone (daytime): ( \_\_\_\_\_ )

Street: \_\_\_\_\_ Apt. \_\_\_\_\_ Telephone (evening): ( \_\_\_\_\_ )

City: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### 3. Other Family Members

Name \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

### 4. Additional Notes:

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## 5. Emergency Contacts

In case of an emergency, I give permission to contact the following alternative available contact:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## 6. Additional Information

**ALLERGIES:** (Substances allergic to, reactions, and treatment)

Does/has your child receive/received support services? Yes \_\_\_ No \_\_\_ If yes, in what areas? OT \_\_\_ PT \_\_\_ Speech/Language \_\_\_ PEP Program \_\_\_ Social Skills \_\_\_  
Infants/Toddlers \_\_\_ Child Find

Does your child have an IFSP/IEP? Yes \_\_\_ No \_\_\_ (If yes, please attach a copy of the IFSP/IEP)

Has your child previously attended another pre-school program? If so, please list below:

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Please indicate below the child's strengths and weaknesses (physical, emotional, or intellectual). In addition, please provide any other information that may be pertinent to the education, growth, and development of the student (attach additional sheets if necessary).

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## 7. Acknowledgements

I acknowledge the presence of a child-friendly chihuahua (Mili) in the property of Ba-Lagan Daycare. I understand that while the dog does not have access to daycare areas during daycare hours, She does have access to the children per their request with the permission of their parents. My child may come into contact with the dog briefly during the day. If there are any concerns or issues please contact Adi Smith.

It is extremely important that we maintain the highest level of safety for our children. We therefore request that you observe the following procedures when a change in your usual dismissal routine is required.

Any changes in your child's pick up schedule must contact Adi Smith the owner of Ba-Lagan Daycare via Phone call, text, or email.

Your child expects you and looks forward to seeing you at the end of each day. Lateness can cause uneasiness, especially in younger children,  
**so please be prompt.**

Parents who pick up their children late will be assessed a late fee of \$5.00 per 1 minute of tardiness, after a 5 minute grace period.

Montgomery County Kindergarten start dates state that children entering Kindergarten must be 5 years old by September 1, 2024. We follow this guideline for class placement.

\*2025 Summer Camp Program starts June 16th, 2025 and will end on August 22th,2025. \*Camp closed on Thursday June 19th,2025- Juneteenth observance and Friday July 4th,2025-Independence Day.

\*2026 Summer Camp Program Registration will be announced by spring break of 2026

The Ba-Lagan Daycare 2025-2026 school year will begin on August 26th, 2025 and end on June 11th, 2026.

The annual tuition fee can be paid in advance in full prior to school beginning or in 10 equal monthly payments.

Tuition payments are non-refundable. Additionally, no refunds will be granted for student absences or for any student withdrawal (i) prior to school commencing or (ii) at any time during the school year.

If, for whatever reason, you are not able to continue to send your child to Ba-Lagan Daycare, you are required to provide 30-day written notification prior to cancellation.

Ba-Lagan Daycare reserves the right to cancel any contract and/or to prohibit any child from returning to class if the child's parents display abusive, threatening or any other inappropriate behavior towards any staff member of Ba-Lagan Daycare.

Please return this form accompanied by Zelle Deposit or a Check for the first month's payment on or before May 16st, 2025.

I acknowledge that I've read and understand all of the policies set forth in the parents handbook.

Parent or Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

# **Policies**

## **Admissions & Mandatory Paperwork**

Ba-lagan Daycare serves a broad spectrum of the Jewish community. In order to register for our program, all families must submit a completed application form to the school office and any associated fees. The Ba-Lagan Daycare does not discriminate or turn families away on the basis of race, color, creed, national origin or gender. However, if, in the opinion of the Director of the Early Childhood Center, the program will not meet the needs of the child and/or family, then the Director reserves the right to deny admission to the School.

Each child must have a current Immunization Record and Health form on file. Children will not be admitted to school until these papers are on file.

Additionally, all parents must complete an Emergency Form in order for their child to attend our program

## **Inclusion Statement**

Ba-Lagan Daycare welcomes all children and is committed to providing developmentally appropriate early learning experiences that support the full access and participation of each and every child. Children with and without special health care needs, disabilities or delays have access to the same routines, play and learning experiences. We believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential. The School will make every attempt to implement necessary adaptations or modifications in order to meet the needs of the child. However, the Director of the Early Childhood Center reserves the right to remove the child from the School if the child's needs cannot be met. If this is the case, the Director will meet with the family to recommend other, more appropriate programs to better meet the child's needs.

## **Outdoor Play**

Outdoor play is very important for young children. We are aiming to go outside as much as possible to explore and develop gross motor skills.

We are required by the Maryland State Department of Education to take our children outside once in the morning and once in the afternoon, unless the weather is inclement. Inclement weather includes rain, heavy snow, gusting winds or extreme heat. In the winter, all classes will go outside if the temperature is above 32 F. When it is below 32 F, it will be at the discretion of the individual classroom teachers whether or not the class will go outside. The wind chill factor will be taken into consideration. If the children are taken outside, it will be for no more than 15 – 20 minutes. If it is a snowy day, children will go outside in the snow. In the spring and summer, if the temperature is above 95 F, the children will be taken outside early in the day, for up to 30 minutes. Air quality will be taken into consideration.

With this policy in mind, please make sure that you send in appropriate seasonal clothing with your child; a warm jacket, gloves or mittens, a hat and boots for when it is snowy in winter, and t-shirt, shorts in summer

As with our illness policy, if you feel your child is unable to participate in the program 100%, including outdoor play, please do not bring them in that day.

### **School Closing & Weather Policy**

#### **Ba-Lagan Daycare is Following MOCO Guidelines Weather, Jewish, Christian and National Holidays.**

From time to time it is necessary to close school due to inclement weather or other unforeseen emergencies. In such cases Ba-Lagan Daycare will follow MOCO on the first day of closure, if needed BDC will make an independent decision on whether or not to open during inclement weather. If we feel we need to have a delayed opening, Ba-Lagan Daycare will open at 9:15am and there will be no early drop care. Early closing will be made at the discretion of the BDC Director. Parents will be notified of any closings through text alert by or before 7am.

### **Positive Discipline & Behavior Expectations**

At Ba-lagan Daycare we use positive discipline strategies to help children grow socially and emotionally, to get along with others and to feel good about themselves. Positive discipline strategies not only include interventions to be used with children when they misbehave, but also techniques to create a respectful, fair, consistent program. All children deserve to feel emotionally and physically safe within their classroom and school. Child guidance through positive discipline is a process of assisting children in understanding and using positive behaviors. The teachers seek input from the children, whenever possible, to develop clear rules and expectations for the classroom. Children are encouraged and helped to reflect upon their behaviors so that they understand the consequences of their actions. Reflection helps each child and the entire class understand their emotions and the impact that their behaviors have on themselves and others.

To accomplish these goals, the following strategies, among others, are used as appropriate:

- Set children up for success. We develop routines, schedules and planned activities with a back-up so children are involved in constructive activities and interacting positively.
- Establish simple, clear, consistent rules and expectations. Simplicity and consistency are key elements to preschool children learning appropriate behavior. The children have input into the rules.
- Offer choices. Offering several choices is a good way to teach decision-making, while allowing children input into their day.

- Ignore negative attention-seeking behaviors. We do not address negative attention-seeking behaviors. We understand that rewarding negative behaviors would reinforce them.
- Reinforce positive behavior. We give lots of attention to children who are behaving in ways that are appropriate.
  - Redirect. We create another activity or event to draw a child's attention away from inappropriate behavior.
  - Show appropriate ways of seeking attention. Biting and hitting often indicate a need to communicate. We demonstrate appropriate ways to communicate and get attention, like a gentle tap on the arm.
  - Offer alternatives to undesirable behaviors. We model appropriate behaviors such as negotiating for a toy instead of grabbing it.
- Reward children for achievement. When a young child has several triumphs at changing a behavior, we take a moment to tell the child that we noticed the change. When the child makes an effort to do the right thing, we recognize the effort with a kind word, sticker or hug.
- Conflict prevention. We identify the right combination of classroom materials, play equipment, structure, and space. We understand that the overall classroom environment can help prevent conflict;
- Teach problem-solving skills and moral reasoning. We help children understand the natural consequences of their actions.

An individualized school behavior plan will be developed for any child who displays uncontrollable, inappropriate and frequently aggressive behavior and who does not respond to the above strategies. To develop the individualized behavioral plan, a learning needs specialist may be consulted to design a plan to best meet the child's needs. The cost of additional staff, if deemed necessary, will be the responsibility of the parents. If, after the implementation of an appropriate individualized behavior plan, a child continues to be a threat or a danger to himself/herself or other students, Ba-Lagan Daycare reserves the right to temporarily or permanently dismiss the child from the school.

### **Biting**

Children sometimes bite other children. Although not all toddlers and two year olds bite, biting is considered a normal stage in a child's development. Children may bite for a variety of reasons, rarely with the intent to hurt another child. Young children may bite for any of the following reasons:

- Teething: Toddlers are often cutting teeth and it hurts. Chewing on something might relieve the pain



- Sensory Exploration: Toddlers and 2s are very good at using all of their senses to learn about the world. The “oral mode”, an important style of learning for infants, and continues into the twos.
- Cause and Effect: Toddlers and 2s are eager explorers. They are constantly studying cause and effect. Biting produces a predictable response. Often, the response is dramatic: there is a lot of noise and attention from adults.
- Self-Assertion: This is probably the most common reason toddlers and 2s bite. It is a way to express frustration when they don’t yet have the language skills to do so.

When a child is bitten, that child is immediately comforted and the bite is washed with antibacterial soap and a band-aid is applied if skin is broken. The biter is told very firmly, but without anger, something like “Teeth are not for biting. Biting hurts very much.” The teacher encourages the child who was bitten to express his/her feelings. “It hurts” or “Don’t bite me” are sentences teachers will model for the child to repeat.

Parents are informed about what happened by receiving an ‘Incident Report’ on the day of the incident for each child involved. In order to preserve the dignity and confidentiality of those involved, the report does not include the name of the child who was bitten or the name of the child who did the biting.

If the biting persists, the Director should be notified and a plan of action will be put into place by the Director, parents and teachers.

### **Reporting Abuse**

All Ba-Lagan staff are required by law to report any suspected incidents of physical or emotional child abuse to the proper authorities.

## **Health and Safety Procedures & Policies**

The health of our children is a primary concern for both the parents and school professionals in our community. When children are feeling well they are happier and more open to new information and experiences.

### **Immunization Policy**

Maryland State law requires that all children registering for school be up-to-date with their childhood immunizations. The American Academy of Pediatrics recommended immunization schedule is available for review in the school office.

**Ba-Lagan Daycare REQUIRES all children to be immunized before entering our program.**

**We do not accept religious exemptions.**

## **When to Keep a Child Home**

The school must rely on parental judgment and discretion in deciding whether children are ill and unable to attend school. We want to emphasize that a child who is ill is not an effective learner. In addition, schools can be breeding grounds for contagious infections unless parents exercise reasonable caution in monitoring the health of their children. If a child is brought to school and is unable to appropriately participate in the day's activities, the child will be sent home immediately.

Fever – Defined as 100.0° or higher; a child should be free of fever and associated symptoms for 24 hours prior to returning to school.

Rash or Eye Inflammation - The condition should be diagnosed by a physician prior to sending a child to school.

Nausea/Vomiting/Diarrhea - A child who is nauseated or has vomited/had diarrhea must be kept home for at least 24 hours after the last episode.

Colds - A child who exhibits the early symptoms of a cold should be monitored at home before returning to school. Cold symptoms, especially sneezes and coughs, can easily transfer germs among children. Frequent hand washing is important to avoid spreading colds.

Antibiotics - A child whose doctor has prescribed antibiotics should be on the medication for a *minimum* of 24 hours prior to returning to school. Often, while the child is no longer contagious at this point, they are not prepared for the rigors of a classroom setting. Please consider your child's best interests when deciding when it is appropriate to re-enter school.

## **Illness During the School Day**

If a child becomes ill at school, or requires medical assistance due to an accident, parents will be contacted immediately. In the event that a parent cannot be notified, the emergency numbers listed on your child's Emergency Form will be called. It is our expectation that our parents (or those authorized by parents) will pick up the sick or injured child promptly. Please keep emergency numbers current, and inform people whom you designate as contacts of their responsibilities.

# Updated BDC Covid-19 Policies for Students

(effective January 12, 2022)

## Positive Covid-19 Test Policy:

**Positive Test Result Due to Covid-19:** A child who has a positive test result must be isolated for a full 10 days. Day 1 is the day **AFTER** the positive test or onset of symptoms. After Day 10, the child may return to school, if symptoms have resolved and are expected to wear a well-fitting mask (mask exception for children in our Toddler Classes). If symptoms continue, the child must stay home until they are fever and symptom free for 24 hours.

Day 0	Positive test result or symptoms
Day 1	First day of isolation
Day 10	Last day of isolation
Day 11	Return to school

## Unvaccinated Exposure Policies:

Unvaccinated exposure is defined by someone who has been within 6 feet, for at least 15 minutes, in a 24-hour period, of someone who tested positive.

**Unvaccinated Close Contact/Exposure:** Unvaccinated children should quarantine for 5 days after the last close contact with the person who tested positive for Covid-19. Day 1 is the first full day **AFTER** the contact. On day 5, your child must have a PCR test. **IF** negative, the child may return to school and must continue to wear a well-fitting mask when around others. **IF** positive, please refer back to **Positive Test Results Due to Covid-19** policy.

Day 0	Date of exposure
Day 1	First day of quarantine
Day 10	Last day of quarantine(PCR TEST REQUIRED)
Day 11	Possible return to school (NEGATIVE PCR REQUIRE)

## Vaccinated Exposure Policies:

**Vaccinated Close Contact/Exposure:** A vaccinated child that has been exposed does not need to quarantine. However, the child should continue to wear a well-fitting mask around others. On day 5, a rapid antigen test is required (PCR recommended).

### **Dispensing Medication in School**

If a child will be taking medication in school, parents are required to bring the medication to the office in an original container with a pharmacy label. Most pharmacists will issue two containers upon request at no additional charge (one for home and one for school). **The school will also require a signed Medication Dispensing Form, from both the parent and the student's physician, before we can administer medication.** NO medication, either prescription or over the counter, will be dispensed unless these conditions are met. Forms are available in the school office. Parents must give children the first dose of a medication at home. Only one dose of non-prescription medication can be dispensed in school per day.

Parents of children with chronic medical problems such as asthma, severe allergies or diabetes, must discuss these conditions with the child's teachers and the Director prior to the start of the school year so that appropriate action can be taken should a problem arise. Special medications or devices should be made available to the school by the parent with specific instructions from the child's physician or health care provider.

### **Pediculosis Policy (Head Lice)**

One health issue that is of great concern to parents is Head Lice, also known as Pediculosis. If your child should contract head lice, it is no reflection on the level of cleanliness of your child or home. Head lice has become the most widespread childhood illness after the common cold.

Precautionary and preventive measures can avoid a full-scale infestation. Parents should check the hair and scalp of their children every few weeks for lice and nits (egg cases). It is particularly important to check after a visit to a household where there are other children.

Should a child's hair become infested, the family physician or health care provider can advise one of the recommended treatments, which may involve a chemical shampoo and will require a THOROUGH combing of your child's hair. Metal combs are often more effective in removing nits than plastic ones. In addition, other measures, such as treating your linens, stuffed toys, pillows, etc., must be taken. If a child is found to have Pediculosis while at school, the child will be removed from the classroom in a pleasant and non-threatening way. That child **MUST** be picked up immediately and treated at home. All members of the affected child's class and the child's siblings will be checked at school as well. Following treatment, children will be re-examined at school and **MUST BE NIT FREE** at that time. Parents or guardians must remain at school until the child is readmitted. It is the decision of the school as to whether the child will be readmitted.

### **Pets in Property**

I acknowledge the presence of a child-friendly chihuahua (Mili) in the property of Ba-Lagan Daycare. I understand that while the dog does not have access to daycare areas during daycare

hours, She does have access to the children per their request with the permission of their parents. My child may come into contact with the dog briefly during the day.

### **Screen Time**

Ba-Lagan Daycare following the Maryland Health Regulation regards screen time, Allows not to be permitted to view more than 30 minutes of age-appropriate, educational and religious education purposes per week, . A child in attendance who is younger than 2 years old may not be permitted to view any passive technology. Md. Code Regs. 13A.15.09.01(B)(4).

### **School Dismissal**

Any changes in your child's pick up schedule must contact Adi Smith the owner of Ba-Lagan Daycare via Phone call, text, or email.

### **Special Situation Pickups**

It is extremely important that we maintain the highest level of safety for our children. We therefore request that you observe the following procedures when a change in your usual dismissal routine is required.

Contact Adi Smith the owner of Ba-Lagan Daycare/ via Phone call, text, or email if pick-up is during school time.

### **Student Pickup Policy**

- **Monday through Thursday:** Student pickup is scheduled between **3:45PM and 4:00PM**.
- **Friday:** Pickup time is at **3:00 PM**.

Please ensure students are picked up promptly within the designated times. Your child expects you and looks forward to seeing you at the end of the day. A 5-minute grace period will be provided following the scheduled pickup times. After this grace period, **a late fee of \$5.00 per minute** will be assessed for each minute of tardiness.

**I acknowledge that I've read and understand all of the policies set forth in the parents handbook**

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

CACFP Enrollment: Yes: ☐ No: ☐

BK ☐ LN ☐ SU ☐ AM Snk ☐ PM Snk ☐ Evng Snk ☐

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

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

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

\_\_\_\_\_

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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**

<b>Child's Name:</b> _____			<b>Birth date:</b> _____		<b>Sex</b> M <input type="checkbox"/> F <input type="checkbox"/>
Last _____ First _____ Middle _____			Mo / Day / Yr		
<b>Address:</b> _____					
Number _____ Street _____		Apt# _____	City _____		State _____ Zip _____
<b>Parent/Guardian Name(s)</b>		<b>Relationship</b>	<b>Phone Number(s)</b>		
		W: _____	C: _____	H: _____	
		W: _____	C: _____	H: _____	
<b>Medical Care Provider</b> Name: _____ Address: _____ Phone: _____	<b>Health Care Specialist</b> Name: _____ Address: _____ Phone: _____	<b>Dental Care Provider</b> Name: _____ Address: _____ Phone: _____	<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Child Care Scholarship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last Time Child Seen for</b> <b>Physical Exam:</b> _____ <b>Dental Care:</b> _____ <b>Specialist:</b> _____	
<b>ASSESSMENT OF CHILD'S HEALTH</b> - 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.					
	<b>Yes</b>	<b>No</b>	<b>Comments (required for any Yes answer)</b>		
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"/>			
<b>Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form.					
<b>Does your child receive any special treatments?</b> (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 OCC 1216 form and Individualized Treatment Plan					
<b>Does your child require any special procedures?</b> (Urinary Catheterization, Tube feeding, Transfer, Ostomy, Oxygen supplement, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, attach the appropriate OCC 1216 form and Individualized Treatment Plan					
<p>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.</p> <p><b>I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b></p>					
Printed Name and Signature of Parent/Guardian _____					Date _____

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

<b>Child's Name:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>				<b>Birth Date:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month / Day / Year</span> </div>		<b>Sex</b> 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							
<b>Physical Exam</b>	<b>WNL</b>	<b>ABNL</b>	<b>Not Evaluated</b>	<b>Health Area of Concern</b>	<b>NO</b>	<b>YES</b>	<b>DESCRIBE</b>
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:			
<b>REMARKS:</b> (Please explain any abnormal findings.) <div style="height: 40px;"></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: <b>(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).</b> <a href="https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms">https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms</a>							
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. <b>RECORD OF IMMUNIZATIONS</b> – MDH 896 or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider <b>or</b> a computer generated immunization record must be provided. (This form may be obtained from: <a href="https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms">https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms</a> Select MDH 896.)							
10. <b>RECORD OF LEAD TESTING</b> - MDH 4620 or other official document is required to be completed by a health care provider. (This form may be obtained from: <a href="https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms">https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms</a> 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	<b>Clinic/Office Name, Address, Phone</b>          
_____ Signature Date	
2. _____ Name Title	
_____ Signature Date	

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

Lead Risk Assessment Questionnaire Screening Questions:

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

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

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# MARYLAND 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  $\geq 3.5$  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/ncet/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/phhp/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.

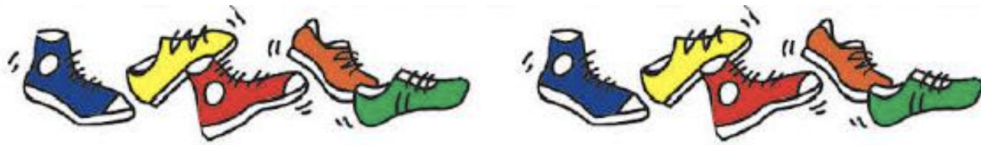
Phone: (610) 519-3478 or Toll Free: (833) 362-2243

Website: <https://www1.villanova.edu/university/nursing/macche.html>



# Walking Field Trip Permission Slip

Ba-Lagan Daycare



Permission for the entire school year and summer camp

**Dear Parents,**

**During the year we often go on walking field trips. Sometimes it is just around the block, for a nature walk, to Meadow Hall Elementary school Playground and other types of nearby spots.**

**We do these walks when weather and time permits. You will receive an advance notice of any trips**

Please sign this permission slip so we can take your child on these walking trips.

---

Child's Name

---

Parent Signature



# Photo Release Form



BA-LAGAN  
LEARN. BEAR. LAUGH. GROW

Dear Parents and Guardians,

Please sign this form to give your permission to take pictures of your child. To use in the classroom for different projects to help student learning, school/class newsletters, newspaper, social media etc.



-----  
☐ I give you permission to take pictures of my child for the reasons listed above.

☐ I DO NOT give you permission to take pictures of my child for the reasons listed above.

Student's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_



# BA-LAGAN DAYCARE

## 2025-2026 School Calendar

Ba-Lagan Daycare is following MoCo Guidelines and Weather,  
Jewish, Christian, and National Holidays



Aug 26: First day of School  
 Sep 1: Labor Day - BDC Closed  
 Sept 22 : Erev Rosh Hashanah - 12:30 pm dismissal  
 Sept 23-24 : Rosh Hashanah - BDC Closed  
 Oct 1 : Erev Yom Kippur - 12:30 pm dismissal  
 Oct 2 : Yom Kippur - BDC Closed  
 Oct 6 : Erev Sukkot - 12:30 Dismissal  
 Oct 7-8 : Sukkot - BDC closed  
 Oct 13 : Columbus Day / Hoshana Raba - 12:30 pm dismissal  
 Oct 14-15 : Shemini Atzeret / Simchat Torah - BDC Closed  
 Nov 2: Daylight saving (move clocks back 1 hour)  
 Nov 11: Veterans Day/Staff Professional - BDC Closed  
 Nov 27-28: Thanksgiving - BDC Closed  
 Dec 24-31: Chanukah / Winter Break - BDC Closed  
 Jan 1: New Years Day - BDC Closed  
 Jan 1-2 : Winter Break -BDC Closed  
 Jan 5 : School Resumes  
 Jan 19: MLK Day -BDC Closed  
 Feb 1: Tu B'Shvat  
 Feb 16: President's Day -BDC Closed  
 Mar 8 : Daylight Savings Time (move clocks ahead 1 hour)  
 Mar 2-6: Adar Dress Up Week  
 Mar 2: Taanit Esther (Fast of Esther)  
 Mar 3: Purim - 12:30 Dismissal  
 Mar 17: Professional Development Day - BDC Closed  
 Mar 30-31: Pesach/spring Break- BDC Closed  
 Apr 1-10 : Pesach/spring Break- BDC Closed  
 April 13: BDC Resumes  
 Apr 14: Yom Ha'Shoah  
 Apr 21: Yom Ha'Zikaron  
 Apr 22: Yom Ha'Atzmaut  
 TBD : Picture Day  
 May 5: Lag B' Omer  
 May 21: Erev Shavuot - 12:30 PM dismissal  
 May 22: Shavuot- BDC Closed  
 May 25: Memorial Day-BDC closed  
 June 11: Last day of School Celebration - 12:30 PM dismissal  
 June 15: First day of Camp  
 June 19: Juneteenth Observance - BDC closed  
 July 4: Independence day - BDC closed  
 Aug 20: Last Day of camp  
**BDC closed - Noon dismissal - Holiday**  
 Dates and times subject to change

August 2025						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2026						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	