



## Early Childhood Development and Education Center at Kennedy Krieger

*Below please find descriptions of the programs offered by the Early Childhood Development and Education Center at Kennedy Krieger.*

### **EARLY LEARNING CLASSROOMS (ELC) - Early Learning Classrooms 7000**

**Tudsbury Road, Baltimore, MD 21244**

**Ages:** 3 or 4 years old by September 1

**Student-to-staff member ratio:** Meets or exceeds Maryland regulations

**Schedule:** School year, Monday–Friday, 8:30 a.m.–3:30 p.m. (aftercare and summer programming at an additional cost, based on availability)

**Tuition:** No cost to families who meet Maryland State Department of Education prekindergarten expansion program requirements. Otherwise, families may self-pay and/or receive tuition coverage (partial or full) through a Maryland State Department of Education Child Care Scholarship, based on eligibility and availability.

**Description:** Kennedy Krieger Institute's Early Learning Classrooms (ELC) comprise an inclusive early childhood education center offering a Maryland State Department of Education-accredited program with a Maryland Excels Quality Rating of 5. The classrooms provide enriching, developmentally appropriate, comprehensive learning experiences for all children. The program's low student-to-staff member ratio ensures each child's learning and emotional needs are met in an inclusive environment where both typically developing children and children who are neurodivergent can learn and play together. The staff includes state education department-certified educators as well as speech-language pathologists and occupational, physical and behavioral/mental health therapists.

### **WORLD OF CARE (WOC)- 7000 Tudsbury Road, Baltimore, MD 21244**

**Ages:** 6 weeks through 4 years old

**Student-to-staff member ratio:** Meets or exceeds Maryland regulations

**Schedule:** Monday–Friday, 7:30 a.m.–5:30 p.m.

**Tuition:** Self-pay and/or Maryland State Department of Education Child Care Scholarship, based on eligibility and availability

**Description:** World of Care (WOC) is an accredited childcare program with a Maryland Excels Quality Rating of 5. It offers developmentally appropriate, educational programming for children with and without disabilities who may have nursing needs and/or developmental delays and may require on-site, early intervention therapeutic services. The WOC team includes early childhood educators, physical and occupational therapists, speech-language pathologists, social work, family advocate, and registered nurses. All staff members support customized development and healthcare plans through an integrated service model, and they provide evidence-informed, inclusive care and instruction for all enrolled children. WOC teacher-child ratios meet or exceed standard regulations, which ensure the program can meet the care needs of every child- including children with high nursing needs—in an inclusive setting.

**Southeast Early Head Start (SEEHS)- 101 Valley Street, Baltimore, MD 21202**

**Ages:** 6 weeks to 3 years old

**Student-to-staff member ratio:** Meets or exceeds standard Maryland regulations

**Schedule:** Monday–Friday, 8:30 a.m.–3 p.m.

**Tuition:** No cost for families who meet federal eligibility requirements

**Description:** Southeast Early Head Start (SEEHS), part of the Early Childhood Development and Education Center's system of services, provides integrated care according to attachment-based and trauma-responsive models. The program offers specialized childcare services for children whose families are experiencing a variety of high-risk factors, such as community trauma, housing instability, economic hardship and other stressors that can impact early development. SEEHS provides services to children and their families residing in Baltimore City who meet federal income eligibility requirements (i.e., receiving assistance from a federal program) or who fall into one of the federal categories of eligibility, such as homelessness and foster care, regardless of income.

**If you have questions and would like to speak to someone before starting the application, please call 410-298-7000.**

**To which program would you like to apply?**

- ☐ Early Learning Classrooms
- ☐ World of Care
- ☐ Southeast Early Head Start
- ☐ I'm not sure

**How did you hear about the Early Childhood Development and Education Center? Please select all that apply.**

- ☐ I know a current or former student
- ☐ I have a child currently or previously enrolled in an EDEC program.
- ☐ I know a Kennedy Krieger employee
- ☐ I am a Kennedy Krieger employee
- ☐ Internet (please note): \_\_\_\_\_
- ☐ Referral (Specify from where): \_\_\_\_\_
- ☐ Other (please note): \_\_\_\_\_

**Child's information:**

First and Last Name \_\_\_\_\_

Child's date of birth (mm/dd/yyyy) \_\_\_\_\_

**Your information:**

First and Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Your relationship to the child:**

☐

Mother

☐

Father

☐

Foster Mother

☐

Foster Father

☐

Step-mother

☐

Step-father

☐

Grandmother

☐

Grandfather

☐

Caregiver's significant other

☐

Other relative (e.g., sibling, aunt/uncle, cousins; please note):

☐

Other (please note):

**The Early Childhood Development and Education Center does not provide transportation. If enrolled, do you have a reliable way to get your child to their designated program and home again? (*public or private transportation*)**

☐ Yes

☐ No

**Child's Primary Address:**

Street Address \_\_\_\_\_

Unit/Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Does the child have any of the following medical needs that require nursing care during the day? Check ALL that apply.**

- ☐ No, my child does not have any of the conditions listed below and/or does not require daily nursing support.
- ☐ Premature birth
- ☐ Respiratory-Conditions including asthma, chronic lung disease, frequent inhaler/respiratory medication use, oxygen or breathing support during the day, cough assistance, or conditions that require emergency action planning
- ☐ Feeding difficulties including gastrostomy (GT) feedings or history of choking
- ☐ Daily medication administration more than two times a day
- ☐ Allergies requiring emergency action planning, Benadryl or epinephrine use
- ☐ History of seizures with or without emergency action planning
- ☐ History of frequent fractures
- ☐ Require frequent monitoring using a pulse oximeter or CRM
- ☐ Other conditions you feel may require daily nursing support. Please specify: \_\_\_\_\_

**How many family members live in the same household as the child you're filling out this application for? Please include yourself, other guardians/caregivers, the child, and sibling(s).** \_\_\_\_\_

Please provide the name, relationship, and age of the other family member(s) that live with the child.

	<b>Name First and Last</b>	<b>Relationship to the child</b>	<b>Age (in years; use whole number)</b>
<b>Child applying for program</b>			
<b>Family Member</b>			
<b>Family Member</b>			
<b>Family Member</b>			
<b>Family Member</b>			
<b>Family Member or Other</b>			
<b>Family Member or Other</b>			

What is your annual household income, which is the total amount of income made by members of your household in the last year? \_\_\_\_\_

Does the child have an IFSP (Individualized Family Service Plan), Extended IFSP, or IEP (Individualized Education Program)?

☐ Yes

☐ No

Please include a copy of the child's most recent IFSP, Extended IFSP, or IEP. If you are not able to supply at this time, you will still be permitted to complete the application, however your application won't be considered until the IFSP, Extended IFSP, or IEP is received by program staff. \*Please note that having an IFSP, Extended IFSP, and/or IEP will *not* exclude the child from consideration to be enrolled in a program.

Has the child received early intervention services (e.g, Speech, Occupational Therapy, Special Education)?

☐ Yes

☐ No

Please use the chart below to provide information about the early intervention service(s) the child has received.

	How often did/does your child receive this service?			How long have services been provided?		
	Never	1 time per week	1-3 times per week	Less than 3 months	3-6 months	More than 6 months
Physical Therapy						
Occupational Therapy						
Speech Language Therapy						
Special Instruction/Special Education						
Other (specify) _____						

**Select which settings the child has attended in the past (select all that apply):**

- ☐ Home-based Childcare Setting
- ☐ Center-based Childcare Setting
- ☐ Public Preschool (3-year-old program)
- ☐ Private Preschool (3-year-old program)
- ☐ Public Pre-K (4-year-old program)
- ☐ Private Pre-K (4-year-old program)
- ☐ Other (Please specify): \_\_\_\_\_
- ☐ None of the above

**Do you anticipate the child may need support to be successful in one of our programs?**

- ☐ Yes
- ☐ No

**What supports would help the child to be successful in one of our programs?**

- ☐ Physical Therapy- help in moving around
- ☐ Managing behavior
- ☐ Speech Language Pathology- talking or sharing what you think
- ☐ Occupational Therapy- using hands for activities and skills
- ☐ Small class size
- ☐ Help with feeding
- ☐ Help with navigating the school system
- ☐ Supports for me as a parent/caregiver



☐ Other (Please specify below): \_\_\_\_\_

**What goals and wishes do you have for the child?**

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**The following questions will be about the child.**

**Child's assigned sex at birth:**

☐ Male

☐ Female

**Child's race (select all that apply):**

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other (please note): \_\_\_\_\_

**Child's ethnicity:**

- ☐ Hispanic or Latino
- ☐ Non-Hispanic/Non-Latino

**What languages are spoken in the child's home? Select all that apply.**

- ☐ English
- ☐ French
- ☐ Korean
- ☐ Russian
- ☐ Spanish
- ☐ Chinese
- ☐ Arabic
- ☐ Other (please note): \_\_\_\_\_

**This next set of questions is about the child's parent or guardian.**

**What is the primary caregiver's first and last name?** \_\_\_\_\_

**Parent or guardian's race (select all that apply):**

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other \_\_\_\_\_

**Parent or guardian's ethnicity:**

- ☐ Hispanic or Latino
- ☐ Non-Hispanic/Non-Latino

**What is the highest level of education completed by the parent or guardian?**

- ☐ Less than high school
- ☐ High school graduate or GED
- ☐ Some college
- ☐ 4-year degree
- ☐ Graduate degree or higher

**Does the child's parent or guardian live at the same address as the child?**

- ☐ Yes
- ☐ No

**What is the parent/guardian's address?**

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Does the child have another guardian or primary caregiver?**

☐ Yes

☐ No

**What is the name of the child's other guardian/caregiver's first and last name?**

\_\_\_\_\_

**Relationship to the child:**

☐ Mother

☐ Father

☐ Foster Mother

☐ Foster Father

☐ Step-mother

☐ Step-father

☐ Grandmother

☐ Grandfather

☐ Caregiver's significant other

☐ Other relative (e.g., sibling, aunt/uncle, cousins; please note):

\_\_\_\_\_

☐ Other (please note): \_\_\_\_\_

**Does this guardian/caregiver live at the same address?**

☐ Yes

☐ No

**What is their address?**

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Other guardian/caregiver's email:**

\_\_\_\_\_

**What is the highest level of education completed by the child's other parent or guardian?**

☐ Less than high school

☐ High school graduate or GED

☐ Some college

☐ 4-year degree

☐ Graduate degree or higher

**Should the second parent or guardian be listed as an emergency contact?**

☐ Yes

☐ No

**Is there any additional information you would like to share with us about the child?**

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**CONSENT TO SHARE**

☐ I consent to sharing my information for the purposes of applying for enrollment to and quality improvement evaluation for the Early Childhood Development and Education Center at Kennedy Krieger. I attest that the information shared in this application is factual.

By signing below, I am authorizing consent to share for enrollment and quality improvement evaluation specific to the Early Childhood Development and Education Center (EDEC).

**Please sign and date on the lines below:**

Signature \_\_\_\_\_  
Date \_\_\_\_\_