

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

Label: \_\_\_\_\_

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

Decision: \_\_\_\_\_

Type of activity: \_\_\_\_\_

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**The Bennett Family Center  
The Pennsylvania State University**

**REQUEST TO USE THE PROGRAM**

Return form to:

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

**Heather Kimble**  
**Center Director**  
**123 Bennett Family Center**  
**University Park, PA 16802**  
**Phone: (814) 865-4057**  
**Fax: (814) 863-4523**  
[hmo106@psu.edu](mailto:hmo106@psu.edu)

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant university affiliation: faculty\_\_\_\_ graduate student\_\_\_\_ undergraduate student\_\_\_\_

Other (specify): \_\_\_\_\_

If this project is to be completed for course credit, please list the department, course number, and title:

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Approximate number of students involved: \_\_\_\_\_

What type of activity are you requesting (check all that apply):

1.  Passive observation on the playground (no interaction with children or staff)
2.  Photographing or videotaping in classrooms or on the playground
3.  Conducting an activity with children in the classroom
4.  Conducting an activity with children outside of the classroom
5.  Conducting a survey
6.  Interview with administrator, teacher
6.  Other (specify) \_\_\_\_\_

Who will the activity involve (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Infants and toddlers (0-3 years) | <input type="checkbox"/> Preschoolers (3-5 years)  |
| <input type="checkbox"/> Infant/toddler <b>teachers</b>   | <input type="checkbox"/> Preschool <b>teachers</b> |
| <input type="checkbox"/> Infant/toddler <b>parents</b>    | <input type="checkbox"/> Preschool <b>parents</b>  |
| <input type="checkbox"/> Program director/administrator   |  |
| <input type="checkbox"/> Other (specify) _____            |  |

How many visits to the program will be required by each person involved (please include as much detail as possible; days per week, number of hours required etc.) : \_\_\_\_\_

Approximately how long will each visit last: \_\_\_\_\_

Proposed beginning date: \_\_\_\_\_

Proposed ending date: \_\_\_\_\_

**Provide or attach a brief description of the activity. For class projects, a copy of directions from the instructor is fine. A course syllabus is also appreciated. Thank you.**

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**NOTE:**

**Bennett Family Center is a secure access facility and special arrangements may need to be made to accommodate requests to use the program.**