

Date received: _____
Date decided: _____
Decision: _____

Label: _____
Type of activity: _____

**The Child Care Center at Hort Woods
The Bennett Family Center
The Pennsylvania State University
Children's Programs**

REQUEST TO USE THE PROGRAM

Date: _____

Return form to:

Jill Putnam
jup27@psu.edu
Interim Center Director
The Child Care Center at Hort Woods
499 North Allen Road
University Park, PA
Telephone: 814-863-0267 Fax: 814-865-5080

Danielle Mangene
dlb162@psu.edu
Interim Center Director
Bennett Family Center
123 Bennett Family Center
University Park, PA
814-865-4057 Fax: 814-863-4523

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:

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 teachers | <input type="checkbox"/> Preschool teachers |
| <input type="checkbox"/> Infant/toddler parents | <input type="checkbox"/> Preschool parents |
| <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.

NOTE: Applications MUST be received at least two weeks before proposed beginning date. Decisions about certain types of involvement may take as much as two weeks.

Hort Woods/BFC is a secure access facility and special arrangements may need to be made to accommodate requests to use the program.

The centers are following recommendations outlined by the CDC and OCDEL for COVID and other related illnesses. You will be informed of any regulations and health guidance that apply, up to and including discontinuing the approved activities at the discretion of the programs.