

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

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

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

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

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



**PennState**

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

**REQUEST TO USE THE PROGRAM**

Return form to:

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

Christine Ebeling  
[cab231@psu.edu](mailto:cab231@psu.edu)  
Center Director  
The Child Care Center at Hort Woods  
Corner of Park and Allen  
University Park, PA  
Telephone: 814-863-0267 Fax: 814-865-5080

Heather Kimble  
[hmo6@psu.edu](mailto:hmo6@psu.edu)  
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 <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: 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.**