

HARFORD COUNTY PUBLIC LIBRARY

Opening the Gift Application

Office Use Only	
Date Received	_____
Date Notified	_____
Wait List?	_____

Name _____ Phone Number _____ e-mail _____

Address _____ City _____ Zip Code _____

Name of Daycare _____ MD License # _____

1. **Opening the Gift is designed for children ages 2-4.** How many children ages 2-4 (including children in your family) do you expect to be in your care as of **September** during the following times? (Please include children who will be **ages 2-4** any time from Sept – May.)

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING				
AFTERNOON				

2. Would additional children younger or older than ages 2-4 be in your care? Please indicate the number:
 Younger than age 2 _____ Older than age 4 _____

3. Please **indicate your preferred visit time-frame**, when at least 4 children, ages 2-4, would be present for the 45 minute program (**1= your best time**, then rank in descending order of preference). Since we are scheduling multiple visits each day, times may vary.

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
EARLY A.M. (8:45-10:00 AM)				
MID A.M. (10:00-12:00 AM)				
AFTERNOON (12:15-2:30 PM)				

4. Please tell us of any **times** when it would not be convenient to schedule a visit (naptimes, lunch time, bus schedule, etc). _____

5. Do you wish to have another day care provider and children join you for the sessions?
 Yes ___ No ___ If yes, please list provider's name and the number of children (include ages).

6. Would neighborhood children join the story time? How many? _____
 List their ages: _____

7. Are you interested in fulfilling part of your Maryland State Department of Education, Office of Child Care (Approval # CKO-152862) training requirements through your participation in *Opening the Gift*? This training is FREE of charge and offered through our partnership with Open Doors.
 Yes ___ No ___

8. Have you been a participant in the program in past years? Yes ___ No _____. If yes, please list the year(s) and whether the program was in your name or if you were a regular visitor to another home for the story times: _____.

Please return this form to your local library branch or mail to **Opening the Gift Librarian, HCPL Bel Air Branch, 100 E. Pennsylvania Ave. Bel Air, MD 21014.** If you have any questions, please call the Bel Air Branch Library, (410) 638-3151 and ask for the Children's Department.

Thank you for your interest in the *Opening the Gift* program!