Harford County Public Library
HCPLonline.org

Opening the Gift Application

Name _____ MD License # _____

Name of Daycare _____

Address _____ City _____ Zip Code _____

e-mail _____

BEST PHONE # TO REACH YOU DURING DAYCARE HOURS _____ TEXT OK? _____

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 **October** during the following times? (Please include children who will be ages 2-4 any time from Sept – May.)

	TUESDAY	WEDNESDAY	THURSDAY
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**, *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, exact times may vary.

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

4. Please tell us of any **times** when it would <u>not</u> 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-37014) training requirements through your participation in *Opening the Gift*? This training is FREE of charge.
   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 Opening the Gift librarian.

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

10/23