

PRESCHOOL STORYTIME REGISTRATION

SEPTEMBER 2007 THROUGH JULY 2008

DATE _____/_____/_____

CHILD'S NAME _____ BIRTH DATE _____

Please Print.

PARENT'S NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CHILD'S PHYSICIAN _____

LIST ANY ALLERGIES OR HEALTH PROBLEMS _____

If someone other than a parent brings the child on a regular basis, please explain and complete the following information:

NAME AND RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

In case of an emergency, whom else may we call? (Neighbor, grandparent, caregiver, etc.)

NAME _____ PHONE NUMBER _____

RELATIONSHIP _____

1. Why are you enrolling your child in storytime? (i.e. your expectations)

2. Number (1, 2, 3) your preference for storytime:

Morning _____ Afternoon _____ Evening _____

3. Would you be willing to assist the Children's Librarian during storytime once or twice a year?

YES NO

4. Would you be willing to provide a treat once or twice a year?

YES NO

5. Please, list any suggestions you may have to improve or chance to make it a more meaningful experience.