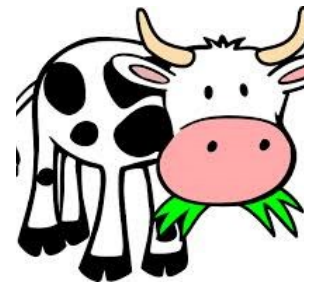




## Preschool Storytime Registration

Thursday Morning at 10.30 a.m.  
Or Thursday Evening at 6 p.m.



Child's name: \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

choose Thurs. a.m.\_\_\_\_ or Thurs. p.m.\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Food allergies or other medical information:

(\*Many of our programs include a snack and, weather permitting, outside play.)

Parent signature - \_\_\_\_\_

May we have your permission to use your child's name and/or picture  
for Tyson Library publicity in the event that we announce contest  
winners, program participants, etc.

Please circle one **yes** **no**

**We ask that an adult remain in the library  
during storytime.**