

Preschool Storytime Registration



dreamstime.com

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



dreamstime.com

Child's name: _____

Age _____ Male ___ Female ___

choose Thurs. a.m. _____ or Thurs. p.m. _____

Address: _____

Phone number: _____

Food allergies or other medical information we need to know:

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

Parent signature - _____

We ask that an adult remain with the child during storytime.

