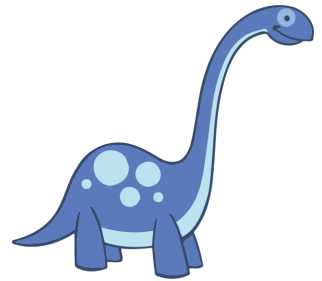




Preschool Storytime Registration

Tuesday Morning at 10.30 a.m.
Or Tuesday Evening at 4 p.m.
Beginning Sept. 7th



Child's name: _____

Age _____ Male ____ Female ____

choose Tues. a.m.____ or Tues. 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.