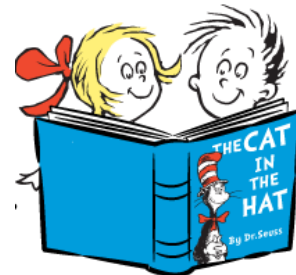




Preschool Storytime Registration

Tuesday Morning at 10.30 a.m.
Or Tuesday Afternoon at 3 p.m.
Beginning Sept. 6th



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.**