

# PRESCHOOL STORYTIME REGISTRATION

Please print.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

LIST ANY ALLERGIES OR HEALTH PROBLEMS, ESPECIALLY FOOD ALLERGIES

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 \_\_\_\_\_

Please also list a number that we may call in case of a storytime cancellation due to illness or emergency.

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. Would you be willing to assist the Librarian during storytime once or twice a year?  
YES NO
3. Would you be willing to provide a treat once or twice a year?  
YES NO
4. Please, list any suggestions you may have to improve or make it a more meaningful experience.