

Come to the library for stories, songs, & other fun activities with your toddler!

Toddler Story Time

When: Mondays, Tuesdays or Fridays at 10:10 a.m.

Jan. 25 – April 30, 2010

No class February 15

Where: La Vista Public Library small meeting room



This experience is for children of all developmental levels who are between **18 & 35 months** of age in **January**. Children who are three & not yet ready to move to the preschool experience are welcome to stay with the toddlers.

******* If you have **another child who will be attending Toddler Story Time with you**, ******* fill in his or her name & complete birth date (including year) on the signup sheet below.

Pre-register now! This is not a drop-in activity. There is a limit of 12 toddlers on each day.

Please **completely** fill out the registration form, then return the **lower half** to the library as soon as possible. Please include an **emergency number** for someone who is **not** at the library during story time.

If you have questions, please call Marjie at **537-3900**. Please call if you are going to miss class.

We will be coming to toddler story time on _____ (Mon., Tues., Fri.).

Keep this half of the sheet. We will not be able to call and remind you of the dates.

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Child's Name: _____ Date of Birth: _____ Age in Jan. (Yrs- Mos) _____

Parents' Names: _____ Phone: _____

Home Address: _____ Other Phone #: _____ Patron ##: _____

City, State: _____ Zip Code: _____ Patron Type: _____ Exp _____

Names of adults usually coming with if **NOT** parents: _____

****Names & birthdates** of other children regularly coming to toddler class: _____

Any special needs or circumstances : _____

Emergency contact (name & phone) : _____

Email address for notifications : _____

Please list the days you could attend (**Monday, Tuesday, or Friday**).

I would prefer to attend on _____ (if you are on the waiting list, you will only be called for the days marked)

I would be willing to attend on _____ if needed.

I have another child attending Preschool Storytime on _____

Staff initials _____ Date _____ Time _____