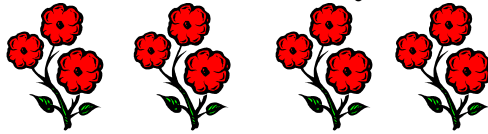


La Vista Public Library Preschool Storytime

Spring/Winter 2010 – January 18th to April 30th



WELCOME TO THE WINTER/SPRING SESSION OF STORYTIME!

These 45 minute sessions are geared towards three to five-year-old children who are not in kindergarten. The child must be at least three years old by January 18, 2010. The aim of storytime is to introduce children to the library, the magic of books, the excitement of reading, and to develop social skills needed for school.

PARENTS - PLEASE STAY IN THE LIBRARY DURING STORYTIME! - Your child might need you before the session's conclusion. If you cannot stay, please arrange with another parent to take responsibility for your child, and **please call if your child cannot be at storytime.** Also, we will have a sign up sheet available if your child would like to bring treats. Please notify a staff member if your child has any food allergies.

STORYTIME FORMAT



1. Practice lining up.
2. Show-and-tell sharing with the group. Children are encouraged to bring a show-and-tell item each week to class.
3. Reading a picture book and discuss the story.
4. Finger plays, puppets, music, games, and crafts.
5. Listening to others.

STORYTIME:

All storytime sessions will run from Monday, January 18th to Friday, April 30th. If you would like to register your child, please fill out the bottom portion of this form (one child per form) and bring it to the library. This session, we will be offering storytime to 3 year olds on Mondays and Tuesdays and to 4 & 5 year olds on Fridays. Storytime will be from 10:00-10:45 on Mondays, Tuesdays and Fridays. We are also offering an afternoon storytime on Thursdays from 2:00-2:45. This session is open to 3, 4, & 5 year olds. If you have any questions, please call Jodi at 537-3911 or email her at jlinhart@lavistamail.mccneb.edu. **YOUR CHILD WILL BE ENROLLED ON THE DAY YOU SELECT --- PLEASE KEEP THE TOP HALF OF THIS FORM AS A REMINDER!** *Register early – space is limited.*

Day registered _____

CHILD'S NAME _____ AGE _____ BIRTHDATE _____

PARENT'S NAME _____ TELEPHONE NUMBER (H) _____ (W) _____

DAYCARE PROVIDER NAME _____ PHONE NUMBER _____

PATRON## and TYPE _____ PATRON EMAIL ADDRESS _____

CHECK THE TIME DESIRED

MONDAY 10 a.m. _____ (Only 3 yr olds.)

TUESDAY 10 a.m. _____ (Only 3 yr olds.)

THURSDAY 2 p.m. _____ (Only 3, 4, and 5 yr olds)

FRIDAY 10 a.m. _____ (Only 4 and 5 yr olds)

Staff initials _____ Date _____