

**STORY TIME  
REGISTRATION FORM**

**Date:** \_\_\_\_\_

**TUES**\_\_ **WED**\_\_

**Toddler**\_\_ **Pre-School**\_\_

Registration for Story Time starts now and continues throughout the session, depending upon size of class. Please see Maureen Harrill if you wish to register in between sessions. A commitment to coming regularly will benefit your child. You must register for each session .

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Emergency Number/Name: \_\_\_\_\_

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