

WINTER 2009 STORYTIME REGISTRATION FORM

Avon Free Public Library – (860) 673-9712
281 Country Club Road Avon, Ct 06001
www.avonctlibrary.info

Feb. 2 – March 27
(no class Feb. 16 - Feb. 20)

<u>Registration Period:</u>	Jan. 5 - 22	Late and non-resident applications will be considered, space permitting. Questions regarding a child entering a class not matching a child's age or enrollment of multiple children, please speak with Mrs. McNulty.
<u>Notification of Acceptance to class</u>	Jan. 26 - 28	Class assignments will be determined following a lottery. Patrons will receive notice by mail or telephone call.

CLASS INFORMATION

Programs will be held in the Storytime Room upstairs unless noted (* indicates program in Community Room)

<u>AM CLASSES</u>				<u>PM CLASSES</u>			
Day	Time	Age:	Sit Alone / With Adult	Day	Time	Age:	Sit Alone / With Adult
Monday	10:30 AM	4 - 6	Sit Alone	Monday	1:30 PM	3 - 4's	Sit Alone
Tuesday	10:30 AM	2's	With Adult	Tuesday	1:30 PM	NO CLASS	
Wednesday	10:30 AM	18 - 24 mos. *	With Adult	Wednesday	1:30 PM	4 - 6's	Sit Alone
	10:30 AM	3's	Sit Alone				
Thursday	10:00 AM	Birth – 2 *	With Adult	Thursday	1:30 PM	NO CLASS	
	10:30 AM	3 ½ - 6	Sit Alone				
birthdates between 2/02/03-8/02/05							
Friday	10:30 AM	2 ½ - 3 ½	With Adult	Friday	1:30 PM	NO CLASS	
		birthdates between 8/02/05-8/02/06					

PATRON INFORMATION

Please print and complete all sections accurately and clearly. Mail, fax (675-6364) or leave application at the library.

Today's Date:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Child's Last Name:		First:		Nametag to Read:
Parent's Name:		Person Attending Child:		
Child's Home Street Address:			E-mail address:	
City:	State	Zip Code:	Do you wish to be notified of other library programs <input type="checkbox"/> Y <input type="checkbox"/> N	
Child's Full Birth Date:		/ /	Home Phone No.:	() --
Exact Age as of Feb. 2nd		yrs. mos.	Cell Phone No.:	() --
Does your child have any medical conditions (food allergies, etc.?)			<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Do we have your permission to publish any photos we or the media take?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you bringing a sibling to any group that requires adult attendance?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Age?
Were you wait-listed in the fall session (you did not get into a group at all?)			<input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:
I don't care which class, my odds are increased if I am flexible:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
My First Choice Class is Listed Below:		My Second Choice Class is:		My Third Choice Class is:

In order to provide a more enjoyable storytime experience for my child, I understand the following requests:

Classes designated as <i>sit alone</i> are for children only. During storytime adults should remain upstairs. Adults are requested to assist all children during craft time but not remain in craft room during program.	<input type="checkbox"/> Yes
Strollers are not permitted in the storytime or craft rooms because they block fire escapes.	<input type="checkbox"/> Yes
Babies should be in carriers or held on laps at all times, for safety reasons.	<input type="checkbox"/> Yes
Cell phones should be turned off prior to entering the storytime room.	<input type="checkbox"/> Yes
The library should be notified if a child is unable to attend class, to accommodate children on the waiting list.	<input type="checkbox"/> Yes