

Traveling Story Time Registration Form

Child Care Provider Name:

Address:

Telephone number:

Please list the children that will be participating in the Traveling Story Time. Include their ages, gender and particular interest they may have i.e. dinosaurs, dancing, horses, new sibling, etc. Also, please include any special needs of any children. (Attach a separate sheet if necessary.)

	First Name	Age	Gender	Interests/Special Considerations
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Are there any certain book titles you would like for me to include in the books I bring for the daycare to check out?

Would you like for me to follow your pre-planned themes or would you prefer the literature to be my choice? (Circle one.) If you want me to follow your themes, please attach your lesson plan. I will hand out a list of titles with your schedule if the literature is my choice.

- During each session I will bring a selection of materials to be checked out from the library to your daycare. Books can be checked out for up to 4 weeks, but all materials will be collected at the last session.
- If any child would like to sign up for a library card, let me know and I can bring the registration forms to take home.

- Each time we will read a story and do a short activity or I will leave supplies for a craft. Each session should last 20-30 minutes. If you would like to have one or more session at the library instead of your daycare, please let me know.

These are the available days and times. Your sessions will run at the same time each week for 5 weeks. Times are available on a first come-first served basis.

Circle preferred day and time:

Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 9:30	9:00-9:30	9:00 – 9:30	9:00 – 9:30	9:00 – 9:30
9:45 – 10:15	9:45 – 10:15	9:45 – 10:15	9:45 – 10:15	9:45 – 10:15
10:30 – 11:00	10:30 – 11:00	10:30 – 11:00	10:30 – 11:00	10:30 – 11:00
11:15 – 11:45	11:15 – 11:45	11:15 – 11:45	11:15 – 11:45	11:15 – 11:45

Alternate day and time _____