



December 12, 2012

Dear Parent,

It's time to register your child for preschool Storytime! The last day to register your child for Storytime is January 12, 2012.

Registration forms can be picked up at the library or by visiting our website at [www.dodgevillelibrary.com](http://www.dodgevillelibrary.com). Children need to be 2½ by February 1, 2012. Storytime will start the first week in February 2012 and go through April 2012. Our enrollment will necessitate the number of sessions we offer, we may offer programs on Wednesday and Thursday. Storytimes will be filled on a first come, first serve basis. *For everyone's safety we are requesting that a parent, or daycare provider remain in Library building during programming.*

When registering your child, we ask that you use a valid library card. If you are in need of getting a library card please bring a valid driver's license. If you should have any questions please contact me.

Our library also offers a drop-in Storytime on Monday mornings at 10:15. Library patrons do not need to register for these programs.

Sincerely,

Carol Gleichauf

Children's Librarian

608 935-3728 ext. 4

[cgleichauf@swls.org](mailto:cgleichauf@swls.org)

[www.dodgevillelibrary.com](http://www.dodgevillelibrary.com)

Library hours:

Monday, Wednesday, Friday 10:00-6:00

Tuesday and Thursday 10:00-7:00

Saturday 9:00-1:00

Registration form for preschool Storytime

1. Child's name \_\_\_\_\_  
Last First

2. Parent's name \_\_\_\_\_  
Last First

3. Complete home address \_\_\_\_\_  
Street

\_\_\_\_\_ Town Zip code.

4. Child's age & birth date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be 2 ½ by 2-1-2012.)  
(age) (birth date) (born before 8/1/2009)

5. Phone number (\_\_\_\_\_) \_\_\_\_\_.

6. Library card barcode #2989600 \_\_\_\_\_.

7. In case of emergency please list alternate name & local phone # \_\_\_\_\_.

8. Please list business name if your child is coming with a day care group.  
\_\_\_\_\_.

9. Parent's email address: \_\_\_\_\_.

10. Please list if child has any allergies we should be aware of  
\_\_\_\_\_.

Comments:

# Dodgeville Public Library

## Permission to Videotape and/or Photograph

I \_\_\_\_\_ am 18 years or older.  
(Name, please print)

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_.  
(Name, please print) (Name, age)

I understand the City of \_\_\_\_\_ may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of \_\_\_\_\_ and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

*Permission is not required to take part in city events.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_