

**HOT DAYS COOL BOOKS
STORY-TIME AND CRAFT FUN
REGISTRATION FORM**

Student Name:

Entering Grade for '08-'09 school year:

Address:

Phone

Home:

Cell:

Some of your child's favorite authors:

Parent signature:

Please circle the days that your child will attend

Mon Tues Wed Thurs Fri

*There will not be any projects involving food, also please do not send your child with any sort of snack.

* There are no refunds

* Any questions contact Miss Duffy