

*A. Mitchell Powell Jr. Public Library
25 Hospital Road, Newnan, GA 30263
(770) 253-3625*

Today's Date: _____

Child's Name _____

Child's Age _____ **Child's Birth date** ____/____/____

Name of Adult Bringing child _____

Mailing Address _____

City _____ **Zip Code** _____

Phone Number _____

Email Address _____

Name of Parent (If someone other than you will be bringing the child to class)

We prefer to attend Laptime on:

Please indicate your first and second choices

Monday 10 am

Monday 11 am

Wednesday 10 am

Wednesday 11 am

Friday 10 am

Friday 11am

First choice _____ **Second Choice** _____ **Any/All will be fine** _____

Your child will be placed in a class *after* his/her second birthday. You will be notified by mail before the session starts in which class they have been placed.