



**FORSYTH COUNTY PUBLIC LIBRARY
APPLICATION FOR Preschool Storytime program
or Bookmobile Services (Please select ONE SERVICE)**

Name of Facility _____

Center/School Director _____

Phone# _____ Fax _____
email _____

Address of Center/School _____

How many teachers are in this facility? _____

How many children are in this facility? _____

What is your current star rating? _____

What days are best for Storytime or Bookmobile service?(1-first choice, 2-second, etc.)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What times are best for preschool Storytime or Bookmobile service?
(1-first choice, 2-second choice, etc.)

9-10 a.m. _____ 10-11 a.m. _____ 11-12 noon _____

List any days or times that would not work at all for your
center/school _____

PLEASE NOTE: If your center/school is selected for Storytime or Bookmobile services,
you MUST attend a mandatory orientation. Please list the name of the person(s) who
will attend. Name(s) _____

Application Deadline is July 31, 2019