First Name __________________________________________
Last Name __________________________________________
Email address ________________________________________
Phone Number ________________________________________
Library Card Number __________________________________
Pick Up Date ____________(at least two days in advance)

Have you used this service before? Yes__ No__
If you receive a resource you have already had, please let a staff member know so it can be exchanged.

Please check up to 5 topics you would like to receive resources about:
☐ Counting objects
☐ Identifying numbers
☐ Reciting from A-Z
☐ Naming letters/letter sounds
☐ Following directions
☐ Sharing
☐ Starting Kindergarten

My child has a special interest in:
________________________________________________________________________

My child enjoys these book characters:
________________________________________________________________________

☐ Please check if you ONLY want to receive books (no electronic or media resources)

You will receive an email when your 5 resources are on hold at the Youth Services desk. **You will have 3 days to pick up your resources.** Please contact Youth Services if you have any questions. 724-941-9430 Ext. 3160

STAFF ___________________ DATE __________