

Session Date: _____

Summer Reading Program Registration Form

Name and **Age** of Child or Children:

Parent/Guardian Name and Phone Number:

Email Address: _____

Emergency Contact _____

Allergies or Medical Conditions:

How did you find out about the Summer Reading Program? (please check one)

Joined Last Year___ In Library___ Word of Mouth___ Radio___ Newspaper___
Posters Around Town___ Facebook___ Library Website___

I DO **or** I DO NOT want my child(ren)'s name/photo/work displayed in any newspaper, media, or in the library.
(please circle one of the above)

Payment is \$5.00 for 6-12yrs (3 days)
****must have a library card****

REFUNDS WILL NOT BE GIVEN

Date Payment Received: _____ **Cash or Cheque**

Parent/Guardian Signature Required – Over

