

2017 Summer Reading Registration

“Build A Better World”

Please Print

Child's Name _____

Child's Age _____

Child's Date of Birth _____

School they attend/ or will attend

Name of Parent/Guardian _____

Address _____

Telephone #(Home) _____ (Work) _____

Does this child have any medical conditions or food allergies that we need to be aware of?

In case of Emergency, whom should we contact if we cannot reach the parent/guardian listed above?

Relationship to Child _____

For Library publicity/promotions, I give permission for photographs/videos to be taken of this child.

Parent's Name _____ Date _____