



# Summer Reading Program 2023 Family Registration

Add additional family members on the back of the form, if needed

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to sign up for the Adult Summer Reading Program?      Yes      No

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Age Group:    Preschool (0-5)      Children's (K-5th)      Teen (6th-12th)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Age Group:    Preschool (0-5)      Children's (K-5th)      Teen (6th-12th)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Age Group:    Preschool (0-5)      Children's (K-5th)      Teen (6th-12th)

### **Photo Permission (must be signed by a parent/guardian)**

I understand that the Leach Public Library may photograph/videotape the events and activities in which I am or my child is participating. I give permission to the Leach Public Library to use these images of me or my child for the purpose of promoting the library and its services/programs, with the understanding that no compensation will be give to me or my child for the use of these images.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_