

Adventure Begins at your Library! Summer Reading Program

Child and Family Registration

(Please print legibly. Use back as needed for additional children)

Parent/Guardian Name: _____

Phone: _____ Email: _____

- Would you like to register yourself for the Reading program? Yes No
- I give permission to the Leach Public Library to take photographs and/or video of me and/or my child, to be used for the purpose of promoting the library and its programs and services. Yes No

Child Name: _____ Age/Grade: _____

Allergies or other concerns: _____

Circle 1: Prereader (0-2) Preschool (3-5) Children's (K-5th) Teen (6th-12th)

Child Name: _____ Age/Grade: _____

Allergies or other concerns: _____

Circle 1: Prereader (0-2) Preschool (3-5) Children's (K-5th) Teen (6th-12th)

Child Name: _____ Age/Grade: _____

Allergies or other concerns: _____

Circle 1: Prereader (0-2) Preschool (3-5) Children's (K-5th) Teen (6th-12th)

Child Name: _____ Age/Grade: _____

Allergies or other concerns: _____

Circle 1: Prereader (0-2) Preschool (3-5) Children's (K-5th) Teen (6th-12th)