



Summer Reading Registration Infant - 5 years

Millersville Public Library's SUMMER READING PROGRAM 2025

Child's Name: _____

Address: _____

Guardian Name & Phone: _____

Age: _____ School: _____ Upcoming Grade Level: _____

**I agree to read the required minutes per day throughout
Summer break as a participant in Millersville Public
Library's Summer reading program.**

Signature of Participant: _____

Photo/Video Release

I, _____, am the parent or legal guardian of _____.
I understand that Millersville Public Library may photograph or videotape the events or activities in which my child is participating. I give permission for the library to use photographs or videos of me and/or my child for the purposes of promoting the library and its programs/services. I give my permission with the following understanding: no compensation of any kind will be paid to me or my child at this time or in the future for the use of my child's likeness. (Please note: permission is not required to take part in the Library's events or activities.)

Signature: _____ Date: _____

