Thursdays, June 8th to July 27th
10:30-12:00

*Ages 4-12* | *3 and under must be accompanied by parent/caregiver*

**2023 SUMMER LIBRARY READING PROGRAM REGISTRATION**

Child’s NAME:__________________________________________________

Parent or Guardian’s NAME:______________________________________

EMAIL: _____________________________________________________

PHONE: _______________________________________________________

AGE: ____________   GRADE IN SEPTEMBER: _________________

CIRCLE ONE:  INDEPENDENT READER      FAMILY READER

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PERMISSION TO VIDEOTAPE AND/OR PHOTOGRAPH

I _________________________ am the parent or legal guardian of __________________________
(name, please print) (name, age of child)

I understand the Bandera Kronkosky Public Library may photograph or videotape the events or activity in which my child is participating. I give my permission for the Library to use photographs or videotape of my child for the purpose of promoting the Bandera Kronkosky Public Library and its services/ programs. 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.

PERMISSION IS NOT REQUIRED TO TAKE PART IN LIBRARY EVENTS

SIGNATURE:____________________________________ DATE:________________________

ADDRESS: _______________________________________________________________________

CITY, ZIP: _______________________________________________________________________

PHONE: _________________________________________________________________________

Approved for distribution, but not endorsed by Bandera ISD