



**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

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: \_\_\_\_\_