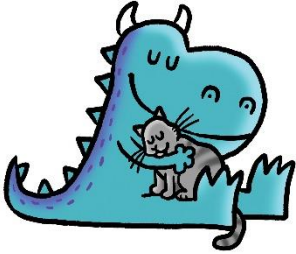


2022 Summer Reading Story Time Registration Form



Name: _____

Address: _____

Phone: _____

Parent Email _____

Age: _____ (Age 2 & under must be accompanied)

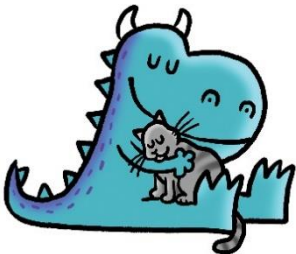
I give permission for the Summer Reading Program Directors to photograph my child for the purpose of promoting the summer reading program.

YES _____ or NO _____

Parental Signature (Required): _____

For library use only: Programs attended: 1 2 3 4 5 6 7 8 9 10 11 12

2022 Summer Reading Story Time Registration Form



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Address: _____

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YES _____ or NO _____

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For library use only: Programs attended: 1 2 3 4 5 6 7 8 9 10 11 12