READING COLORS	2021 Summer Reading Program Registration Form
Your AWORLD.	Name:
CRAYONS	Address:
11 4 4 4 4	Phone:
The ing the Threader color	Parent Email
	Age: Grade(equivalent) going into:
•	Summer Reading Program Directors to photograph my promoting the summer reading program.
l also give my consent fo	r my child to attend summer reading programs held

offsite. YES ____ or NO ____

Parental Signature (Required):	

Programs attended:	1	2	3	4	5	6	
2021 Summer Re	ading	, Prog	am R	egistr	ation	Form	
Name:							
Address:	Address:						
Phone:			_				
Parent Email							
Age: Grade(e	equiv	alent) goin	ng into	D:		
	2021 Summer Res	2021 Summer Reading Name: Address: Phone: Parent Email Age: Grade(equiv	2021 Summer Reading Progr Name: Address: Phone: Parent Email Age: Grade(equivalent)	2021 Summer Reading Program R Name:	2021 Summer Reading Program Registr Name: Address: Phone: Parent Email Age: Grade(equivalent) going inte	2021 Summer Reading Program Registration : Name:	

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_____

I also give my	consent for my	child to attend	summer readin	g programs held
offsite. YES _	or NO			

Parental Signature (Required): _____

For library use only:Programs attended:123456