

2025 Summer Reading **Story Time** Registration Form



Name: _____

Address: _____

Phone: _____

Parent Email: _____

Age: _____ **(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

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