



**Tuesdays, June 29th- August 3rd  
10:00-11:30**

**2021 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 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 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: \_\_\_\_\_