

# BUILD A<sup>TM</sup> BETTER WORLD

## The 2017 Summer Reading Program *Registration Form*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

By registering my child in the Summer Reading Program, I give permission for the Roslyn Public Library to use photographs or videotape of my child for the purpose of promoting the library's services. I understand that children under 8 must be accompanied by an adult at activities and that some of the scheduled weekly events may be held outside or in an alternative location. I will speak to library staff about any medical conditions my child has that may be of concern.

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Parent Signature and Date