

**2019 SUMMER READING PROGRAM REGISTRATION FORM**  
**"A Universe of Stories"**

Child's name \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address, City \_\_\_\_\_ e-mail \_\_\_\_\_

Phone number \_\_\_\_\_ (Circle one) HOME / WORK / CELL

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade level completed \_\_\_\_\_

- I, \_\_\_\_\_, WANT TO PARTICIPATE IN THE **PORT LIBRARY'S 2019 SUMMER PROGRAM, "A Universe of Stories."** I AGREE TO READ \_\_\_\_\_ BOOKS ON MY READING LEVEL AND RECORD THEM ON MY READING LIST. ALL BOOKS WILL BE CHOSEN FROM THIS LIBRARY'S COLLECTION DURING THE PROGRAM. BOOKS SELECTED WILL BE APPROVED, IF NECESSARY, BY THE LIBRARY STAFF AND/OR MY PARENT/GUARDIAN.

\_\_\_\_\_  
 READER'S SIGNATURE DATE \_\_\_\_\_

\_\_\_\_\_  
 PARENT'S SIGNATURE DATE \_\_\_\_\_

- List any allergies or medical conditions your child has: \_\_\_\_\_
- Does your child need medication(s) with them for this condition? Y N If so, what is the name and dosage of the medication(s)?  
 \_\_\_\_\_
- Is your child allowed to leave with anyone else but you? If so please list the name(s) \_\_\_\_\_
- The phone number where I can be reached in the event of an emergency is: \_\_\_\_\_

**PLEASE READ AND UNDERSTAND THE FOLLOWING.**

- THE PORT LIBRARY, ITS EMPLOYEES, AND VOLUNTEERS ARE NOT HELD RESPONSIBLE FOR ACCIDENTS OR INCIDENTS WHICH MAY OCCUR TO THE PARTICIPANTS DURING THE SUMMER LIBRARY PROGRAM EVENTS.
- TREATS MAY BE PROVIDED AND I HAVE NO OBJECTION. I WILL LIST ANY ALLERGIES OR MEDICAL CONDITIONS NEEDING SPECIAL ATTENTION IN REGARD TO THE ABOVE-NAMED CHILD.
- MY CHILD MAY BE PHOTOGRAPHED OR VIDEOTAPED DURING THE PROGRAM. I GIVE MY PERMISSION FOR THE LIBRARY STAFF TO USE PHOTOGRAPHS OR VIDEOTAPE FOR PROMOTION PURPOSES.
- I UNDERSTAND THE PORT LIBRARY HAS RESTROOM FACILITIES AND I HAVE EDUCATED MY CHILD ON PROPER RESTROOM ETIQUETTE, INCLUDING SHUTTING THE DOOR, FLUSHING, WIPING UP SPILLS AND WASHING HANDS.
- IT IS THE RESPONSIBILITY OF MY CHILD/MYSELF TO PICK UP A READING LIST AND RECORD BOOKS READ ON MY READING LIST AND TURN THEM IN. THE LIBRARIAN WILL NOT RECORD BOOKS OR KEEP LISTS FOR INDIVIDUALS.
- DUE TO SAFETY CONCERNS, MY CHILD MAY NOT BRING UNREGISTERED FRIENDS TO REGULAR SUMMER LIBRARY PROGRAM SESSIONS (TUESDAYS AND FRIDAYS). THEY MAY FILL OUT A FORM UPON ARRIVAL.
- IF MY CHILD IS ABSENT FOR MORE THAN TWO REGULARLY SCHEDULED PROGRAMS WITHOUT EXPLANATION THEY MAY BE ASKED NOT TO ATTEND REMAINING PROGRAMS IN ORDER TO LET ANY ON THE WAITING LIST PARTICIPATE. (In that event, your child may still complete reading goals for prizes.)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_