

# 2019 Summer Reading Program "A Universe of Stories"

Parents/Guardians Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ [ ] yes text me with upcoming events

My phone carrier is \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader      Family Reader

Completed Program: [ ] Yes [ ] No      # of books read: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader      Family Reader

Completed Program: [ ] Yes [ ] No      # of books read: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader      Family Reader

Completed Program: [ ] Yes [ ] No      # of books read: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader      Family Reader

Completed Program: [ ] Yes [ ] No      # of books read: \_\_\_\_\_

## Permission to Videotape and/or Photograph

I \_\_\_\_\_ am the parent or legal guardian of  
\_\_\_\_\_. (Name, please print)

I understand the Current Local or the Public Library may photograph or videotape the events or activity in which my child or I am participating. I give my permission for the Paper or Library to use photographs or videotape of my child or me for the purpose of promoting the Van Buren or the Carter County Public Libraries 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 or my likeness.

*\*Permission is not required to take part in events.\**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_