



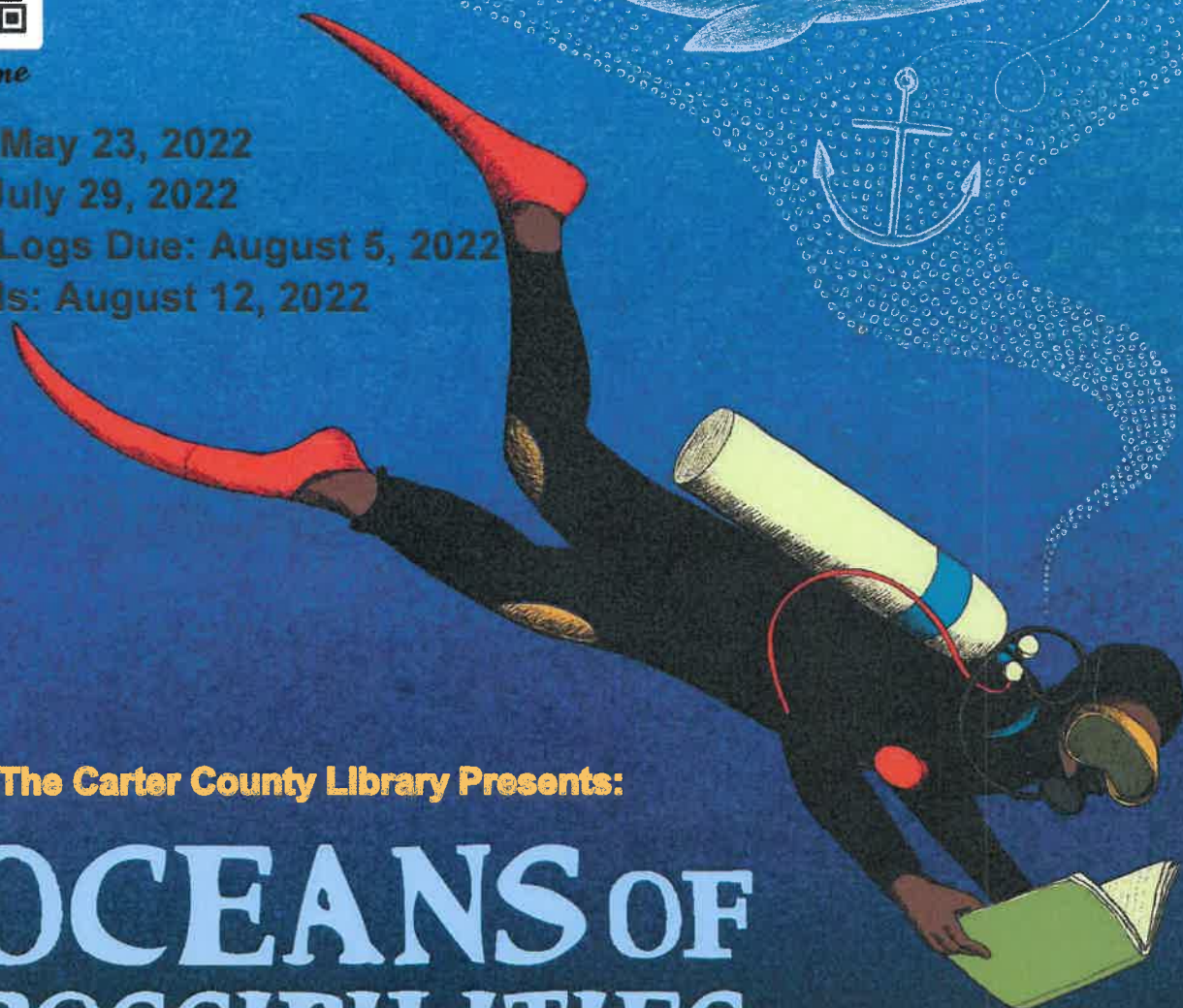
Scan me

Start: May 23, 2022

End: July 29, 2022

Book Logs Due: August 5, 2022

Awards: August 12, 2022



The Carter County Library Presents:

# OCEANS OF POSSIBILITIES

*Sophie Blackall*

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20220106 Artwork by Sophie Blackall



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summer library program™



# 2022 Summer Library Reading Program Multiple Child Registration Form



*Scan me*

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 minutes read: \_\_\_\_\_

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

Circle One: Independent Reader    Family Reader    Completed

Program: [ ] Yes [ ] No # of minutes read: \_\_\_\_\_

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

Circle One: Independent Reader    Family Reader    Completed

Program: [ ] Yes [ ] No # of minutes read: \_\_\_\_\_

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

Circle One: Independent Reader    Family Reader    Completed

Program: [ ] Yes [ ] No # of minutes read: \_\_\_\_\_

### Permission to Videotape and/or Photograph

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

I understand *The Current Local*, *The Current River Observer*, 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. Please notify us at each event if you do not allow us permission to use photos of you or your family.\**

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

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



**2022 Summer Library Reading Program**  
**Single Child Registration**



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 minutes read: \_\_\_\_\_

**Permission to Videotape and/or Photograph**

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

I understand *The Current Local*, *The Current River Observer*, 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 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. Please notify us at each event if you do not allow us permission to use photos of you or your family. \**

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

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



# 2022 Adult Summer Reading Program



## Registration Form

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

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

Phone: \_\_\_\_\_ Mobile or Landline

Text me about upcoming events my carrier is \_\_\_\_\_

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

Email me about upcoming events

### Permission to Videotape and/or Photograph

I \_\_\_\_\_ (**Name, please print**) understand that *The Current Local*, *The Current River Observer*, or the Public Library may photograph or videotape the events or activity in which I am participating. I give my permission for the Newspaper or Library to use photographs or videotape of me for the purpose of promoting the Carter County Public Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.

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

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

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

Completed Program:  Yes  No

# of books read \_\_\_\_\_ converted to # of minutes read \_\_\_\_\_