

# REGISTRATION

*for the 2025 Summer Library Program*



Reader's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent phone or email: \_\_\_\_\_

School: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Circle one:

Independent Reader

Family Reader

Completed program: ☐ YES ☐ NO