



# STORY TIME

## registration (ages 3-5)

Name

date of birth

Age

Address

Phone #

Emergency Contact (someone other than parent / guardian)

Relationship to child

Phone #

Does your child have any special needs or allergies? If so, please explain:

Parent / Guardian Name

Phone #

Parent / Guardian Signature \_\_\_\_\_

### PHOTO RELEASE:

I GIVE SAN AUGUSTINE PUBLIC LIBRARY STAFF PERMISSION TO PHOTOGRAPH MY CHILD FOR THE PURPOSE OF PROMOTING THE STORYTIME PROGRAM, AND OTHER ACTIVITIES OF THE LIBRARY. I GIVE PERMISSION FOR PHOTOS TO BE SHARED ON THE LIBRARY SOCIAL MEDIA AND THE LIBRARY WEBSITE.

YES

NO

Parent/Guardian Signature \_\_\_\_\_  
(required)