



San Augustine Public Library

Storytime



REGISTRATION
(AGES 3-5 YRS)

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 LIBRARY SOCIAL MEDIAS AND THE LIBRARY WEBSITE.

YES

NO

PARENT/GUARDIAN SIGNATURE _____
(required)