



San Augustine Public Library

**REGISTRATION**  
(AGES 6-24 MTHS)

**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)