



REGISTRATION 2026 Summer Reading Program

Reader's Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

PH #: _____ email: _____

School: _____

Please check one: independent reader family reader

© CSLP

PERMISSION TO RECORD &/or PHOTOGRAPH

I understand that the San Augustine Public Library or program sponsors may record or photograph the event or activity in which my child is participating for the purpose of promoting its services and programs. I give permission for my child's photo to be used on social media platforms, website, and newspaper for such promotion purposes.

Signature of parent / guardian: _____

<p>Library use only: SAPL library card # _____</p> <p><input type="checkbox"/> reading log submitted for review</p>	<p>total points: _____</p>	<p>by: _____</p>
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