

# Children's Summer Library Program 2023



June 1st to July 15th

**LIBRARIES ARE MAGICAL!**

Ages 4 to 11

Parent Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Second Person to  
Contact In Case of  
Emergency & Phone  
Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

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

I certify that I am the parent or legal guardian of the child(ren) named in this registration form. I understand the City of Denison may photograph or videotape the events or activities in which I or my child(ren) am/are participating. I give my permission for the City to use photographs or videotape of me and/or my child(ren) for the purpose of promoting the City of Denison and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me or my child(ren) at this time or in the future for the use of my (or my child(ren)'s) likeness.

**Permission is not required to participate in City of Denison events.**

Please mark one: \_\_\_\_\_ I DO NOT give permission for video/photographs.  
\_\_\_\_\_ I DO give permission for video/photographs.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Library Use Only</b>	Received SLP Materials?	Yes	No	Added to Spreadsheet	
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