

2024 SUMMER READING LIBRARY PROGRAM

Name: _____

Address: _____ Phone: _____

Age: _____ school: _____ Grade in sept: _____

Library Cardholder's # _____ Cardholder's Name: _____

I understand I am responsible for any fees/damages to materials checked out on my account by the above named child.

I release the Dennis M. O'Connor Public Library and the staff from any and all liability of my child participating in the Summer Reading Program.

I give permission for the library to use photographs of my child for the promotion of its programs.

I agree that my child will follow the guidelines of the Summer Reading Program.

Signature
