

A UNIVERSE OF STORIES



K-5 Registration Form

Name: _____

School: _____

Age: _____ Grade in September: _____

Parent or Guardian: _____

Phone Number: _____

Email Address: _____

PLEASE TURN OVER

KINDERGARTEN - 5TH GRADE

Circle one: Independent Reader Family Reader

Reading Contract (children sign this part)

I, _____ agree to read for 20 minutes, 5 days a week this summer as part of the "a Universe of Stories" summer program.

Date: _____ Signature: _____

Librarian: _____

Completed Program: YES ☐ NO ☐

Permission to Videotape and/or Photograph

I _____ am the parent or legal guardian of
_____.

I understand the Bluffton Public Library may photograph or videotape the events or activities in which I am (or my child is) participating.

I give my permission for the library to use photographs or videotape of me (or my child) for the purpose of promoting the library 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) at this time or in the future for the use of my (or my child's) likeness.

Signature: _____ Date: _____