

A UNIVERSE OF STORIES

Early Literacy Registration Form



PLEASE TURN OVER

Child's Name: _____

Age: _____ Date of Birth: _____

Parent or Guardian: _____

Phone Number: _____

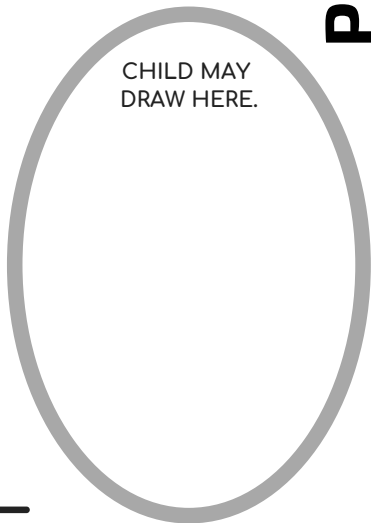
Email Address: _____

Learning Contract

I will try to complete all 12
or more challenges with
the help of my family.

Name:

CHILD MAY
DRAW HERE.



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: _____