



Program Year 2020/2021
Ages 3-4

____ Monday 9:00 - 10:00 (please check one) ____ Tuesday 9:00 - 10:00 ____ Wednesday 9:00 - 10:00
____ IBERIA Location 10:30 - 11:30

Child's Name: _____

Child's Address: _____

Parent's Name: _____

Daytime Caregiver (if applicable): _____

PH Number: _____ Cell Home Name: _____

Emergency PH (if different): _____ Cell Home Name: _____

Child's Birthday: _____

Child's Special Interest (ex. sports, animals, music, etc): _____

Allergies: _____

Special Needs (if any): _____

Photo Release: ____ Yes ____ No

I grant Perry Cook Memorial Library, its representatives and employees, the right to take photographs of my child in connection with any library event. I authorize Perry Cook Memorial Public Library, its assigns and transferees, to copy-right, use and publish the same in print and/or electronically.

I agree that Perry Cook Memorial Public Library may use such photographs of my child, with or without being named, and for any lawful purpose, including publicity, illustrations, advertising and web content.

Signature (Parent/Guardian): _____

Date: _____

