

**Admaston/Bromley
Public Library
2016 Summer
Reading Club**



**July 19 & 21 and
Aug. 3 & 5, 2016
10:00 a.m. – noon
Ages 4 - 10**

Please complete the following form and return it to the library as soon as possible. Registration is limited.

Parent/Guardian: _____
Last Name First Name

Address: _____
Street City/Town Postal Code

Phone Number: Home: (613) _____

Cell: (613) _____

Please circle the days your child(ren) will be attending:

July 19

July 21

Aug. 3

Aug. 5

Child (ren)'s Names and Age(s): (You may add more names to the back if necessary.)

Name	Age	Health Card #

Emergency Contact: In case of an emergency, please provide a person we may contact *if you are not available*.

Name: _____
Last Name First Name

Phone Number: (613) _____



How they are related: _____

a) Does your child have any allergies? Circle one. YES NO
 If yes, what are they? _____

b) Does your child have any health-related conditions (like asthma)? Circle one. YES NO
 If yes, what are they? _____

c) List specific activities encouraged or limited by physician's advice:

****NOTE:** As always, the program is free, but donations are welcome. If you would like to volunteer or help out in some way, it would be greatly appreciated! Please indicate this below. Also indicate if there are any special instructions for pick-up time, i.e. if someone other than you is picking the children up at noon.

