

Covington County Library System

2019 Summer Library Program

“A Universe of Stories”

Registration

Child's Name: _____

Age: ____ **School:** _____ **Grade in Sept:** _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

I understand the Library may photograph or videotape the events or activities in which my child is participating for the purpose of promoting library services and programs.

Please check one:

_____ I give permission

_____ I do not give permission

Photography permission is not required to take part in Library events.

Parent/Guardian Signature: _____ **Date:** _____

