

Petawawa Public Library Children Programs

NAME (Child 1) _____ AGE _____ GRADE _____

NAME (Child 2) _____ AGE _____ GRADE _____

NAME (Child 3) _____ AGE _____ GRADE _____

NAME(Child 4) _____ AGE _____ GRADE _____

ADDRESS _____

PARENT/GUARDIAN NAME(S) _____

HOME PHONE _____ WORK PHONE _____

Does your child have any allergies or medical conditions? If so, please specify.

Will your child be going home on his/her own? YES NO

Please indicate the names of any others who may be picking up your child.

1. _____ 2. _____

I give permission for my child to be taken to the hospital in case of emergency

Signed (parent/guardian) _____

I give permission for my child's/children's name(s), photograph(s), video or sound recording(s) and/or artwork to be published or displayed on the Petawawa Library webpage, our flyers as well as newspapers.

Signed (parent/guardian) _____