



## Registration Form

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Email Address (of parent): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

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How did you find out about the Reading Rocks Club? (please check one)

In Library\_\_\_ School Presentation\_\_\_ Word of Mouth\_\_\_ Radio\_\_\_ Newspaper\_\_\_  
Posters Around Town\_\_\_ Facebook\_\_\_ Library Website\_\_\_

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**I DO** or **I DO NOT** want my child(ren)'s name/photo/work displayed in any newspaper, Facebook, website, other media or in the library.  
(please circle one of the above)

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The personal information collected on this registration/release form is to be used to provide you with this library program. It may be shared among Wainwright Public Library staff members in order to verify registration, inform you of program activities and for statistical purposes. It is collected under the authority of Section 32 of the Freedom of Information and Protection of Privacy Act and it is protected under this act. If you have any questions on disclosure or use of this information, please ask your librarian.