

Livingston Municipal Library

Summer Reading Registration

2021

Tails &
TALES

Parent's Name: _____ Date: _____

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Cell: _____

My Child/Children can be photographed for pictures used for area newspaper and other social media sites.

YES **NO**

I give my child/children permission to participate in the Summer Reading Program 2021.

Parent/Guardian Signature

OFFICE USE ONLY: (Information is on file) Initials: _____ Date: _____

****You must pick up your reading log from the Library****