**PROGRAM PARTICIPANT FORM – QUESNEL BRANCH**

**NAME OF LIBRARY PROGRAM: *2024 SUMMER READING CLUB***

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_ MALE/FEMALE/NON-BINARY\_\_\_\_\_\_\_

PARENT/GUARDIAN’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \**necessary for registration confirmation*

PHONE NUMBERS (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLERGIES, BEHAVIOURAL CHALLENGES, DISABILITIES, MEDICATIONS, MEDICAL CONDITIONS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFY THAT MY CHILD, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS CAPABLE OF PARTICIPATING IN THE ABOVE-MENTIONED LIBRARY PROGRAM.**

I GIVE PERMISSION FOR MY CHILD TO TAKE PART IN ANY PICTURES THAT WILL BE TAKING PLACE DURING THE COURSE OF THE LIBRARY PROGRAM. (PICTURES MAY BE USED TO PROMOTE LIBRARY PROGRAMS ON SOCIAL MEDIA AND IN LOCAL NEWSPAPERS.)

**INITIAL IF YES \_\_\_\_ NO\_\_\_\_**

I AGREE THAT THE SPONSORING BODIES OF THE PROGRAM SHALL NOT BE HELD LIABLE FOR ANY INJURY ARISING OUT OF PARTICIPATION IN THE LIBRARY PROGRAM. I UNDERSTAND THAT THE PARENT/GUARDIAN MUST REMAIN IN THE LIBRARY BUILDING FOR CHILDREN 5 YEARS AND UNDER.

**INITIAL \_\_\_\_\_**

*\*\*Please note that poor or unmanageable behaviour may result in the child’s removal from the program.*

OTHER THAN MYSELF, THE FOLLOWING CONTACTS HAVE MY PERMISSION TO PICK UP MY CHILD FROM THE PROGRAM:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle ONE of the following classes that your child will be available weekly for:**

**Due to the late registration opening this year, please circle a SECOND choice. Emails will be sent to confirm which class your child has been registered for (depending on your circled choices) as they will be funneled into the class with the most registered children.**

**3-5 Years Age Group:**

TUE: 10:00-11:00am

WED: 1:30-2:30pm

THU: 11:30am-12:30pm

**6-8 Years Age Group:**

TUE: 11:30am-12:30pm

WED: 10:00-11:00am

THU: 1:30-2:30pm

**9-12 Years Age Group:**

TUE: 1:30-2:30pm

WED: 11:30am-12:30pm

THU: 10:00-11:00am

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIBRARY PHONE:** (250) 992-7912 **SRCQ EMAIL**: SRCQ@cariboord.ca