**PROGRAM PARTICIPANT FORM – QUESNEL BRANCH**

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

CHILD’S NAME(First and Last) AGE (#) MALE/FEMALE/NON-BINARY (M/F/NB)

PARENT/GUARDIAN’S NAME (First and Last)

\*EMAIL: (Email That is Checked **Regularly**) [*Necessary for registration confirmation*]

PHONE NUMBERS (home) (### ### ###) (cell) (### ### ###)

EMERGENCY CONTACT NAME First and Last RELATIONSHIP TO CHILD (Ex. Aunt) EMERGENCY CONTACT PHONE (### ### ###)

**ALLERGIES, BEHAVIOURAL CHALLENGES, DISABILITIES, MEDICATIONS, MEDICAL CONDITIONS:** (Anything that you believe the coordinator must know for the safety and wellbeing of the child, including but not limited to social interactions with the coordinator and peers)

**I,** (Parent/Guardian First and Last Name) **CERTIFY THAT MY CHILD,** (First and Last Name) **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.)

**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** (First and Last Initials)

*\*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: (First and Last) RELATIONSHIP TO CHILD: (Ex. Aunt) PHONE: (### ### ###)

NAME: (First and Last) RELATIONSHIP TO CHILD: (Ex. Aunt) PHONE: (### ### ###)

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

**Due to the late registration opening this year, please check a SECOND choice. Emails will be sent to confirm which class your child has been registered for (depending on your checked 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:** (Month/Day/Year)

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