

## **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) \_\_\_\_\_**