



Program Year 2024/2025

Ages 2-3 (Must be at least 2 yrs. old by September, 2024 and no older than 3 yrs. old by May, 2025)

Wednesday 10:00 - 11:00 a.m.

Child's Full Name: _____

Child's Address: _____

Child's Birthday: _____

Daytime Caregiver (if applicable): _____

PH Number: _____ Name: _____

Emergency PH (if different): _____ Name: _____

Email: _____

Allergies: _____

Special Needs (if any): _____

Photo Release: ___ Yes ___ No

I grant Perry Cook Memorial Library, its representatives and employees, the right to take photographs of my child in connection with any library event. I authorize Perry Cook Memorial Public Library, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that Perry Cook Memorial Public Library may use such photographs of my child, with or without being named, and for any lawful purpose, including publicity, illustrations, advertising and web content.

Signature (Parent/Guardian): _____

Date: _____