

Towanda District Library: Spring 2019 Bulldog Book Club Registration Form



Child's Name: _____

Child's Age: _____ **Current Grade in School:** 4 5 **Date of Birth (MM/DD/YY):** _____

Parent/Guardian's Name: _____

Primary Phone Number: _____

Secondary Phone Number: _____

★ Emergency Information ★ | Contact Name/Phone Number/Other Notes _____

Email Address:

Please record one letter/digit per box, including punctuation marks. Thank you!

Food Allergies: _____

Other Allergies or Restrictions: _____

Does your child attend Towanda Elementary School? Please circle one: Yes No

If "No," please indicate the school s/he attends or if s/he is homeschooled: _____

Towanda Elementary School PM Dismissal Routine

Please circle one: YPals Walks Home Rides Bus Parent/Guardian Pick-Up

Additional notes: _____

Parent/Guardian Permission Statements: Please initial each statement.

- I give permission for my child to be met by a T.D.L. staff member to be supervised while walking from Towanda Elementary School to Towanda District Library. If my child does not attend Towanda Elementary School, I understand I am expected to arrange transportation. **Initials:** _____
- I understand Bulldog Book Club meets from 2:30 – 3:30 pm on predetermined days with participation limited to 25 students. In the case of repetitive absences, my child may forfeit his/her participation to allow interested students on the “waiting list” a chance to participate. **Initials:** _____
- I agree to meet my child at Towanda District Library at 3:30 pm at the conclusion of Bulldog Book Club. I understand I am required to call T.D.L. or provide a written note if my child will be met by an adult other than the parent(s)/guardian(s) listed on this form. **Initials:** _____

- Please list the name of additional adults with permission to meet/transport your child:

- Please indicate whether a T.D.L. member needs to escort your child back to Towanda Elementary School for YPals or other after-school programming: Yes No

Please continue completing the registration form by turning to Side 2. Thank you!





Parent/Guardian Permission Statements, *continued*:

Please initial beside each statement and record a final signature.

• Facility/Group Program Photo Policy - *Updated August, 2018*

The following is posted on signs at Towanda District Library:

“Please be aware that the Towanda District Library is photographing this event for possible use on their website and/or for use in promotional materials. Because you may be included in one or more photographs or videos, by joining this event you are giving Towanda District Library permission to use your image. Thank you.”

Students participating in Bulldog Book Club may be photographed while engaging in small- and large-group activities. Photos may be posted to the Towanda District Library website and/or related social media accounts. Posted media files **will not include participants’ full names and/or personal information.**

I have read and agree to the above “Facility/Group Program Photo Policy.”

Initials: _____

• Individual Photo Opportunities - **NEW* August, 2018*

At times, participants of programs at Towanda District Library have opportunities to be photographed in recognition of achievements and/or with unique materials. Examples include, but are not limited to:

- Creations using craft materials, robotics, and/or other supplies
- Greenscreen “photo stations” that utilize digital backgrounds
- “Selfie stations” with props
- Recognition bulletin boards, such as for Summer Reading achievements and/or displays that showcase students’ products created during library programs

Photos featuring your child and his/her experiences during a program may be posted to the Towanda District Library website, related social media accounts, and/or library bulletin boards/displays. Posted media files **will not include participants’ full names and/or personal information.**

Please indicate if your child has permission to participate in these types of individual photo opportunities:

Yes

No

Initials: _____

I understand I am responsible for informing Towanda District Library of any changes that occur in relation to the information provided on this form. I acknowledge I have read each of the statements included on this registration form.

Parent/Guardian Signature: _____

Registration forms are processed by Towanda District Library staff in the order in which they are submitted.

Confirmation emails regarding your child’s participation will be sent from Mrs. Amy Oberts, T.D.L. Youth Librarian (amy@towandalibrary.org), to the email address provided.

For Library Staff Use: Date Form Received: _____ Staff Reviewed & Initialed: _____

Amy to Complete

T.E.S. Students Homeroom: _____ Bus Number: _____

Spring 2019 Status On Roster: _____ On Wait List: _____ Emailed: _____

Attendance

January 16	January 30	February 13	March 13	April 10	May 8