

# SUMMER READING 2024

Location: Franklin County Library  
Ages: 4-10  
Date: 6/24-6/28  
Time: 9:30-10:30 or 11:00-12:00

Please circle session you plan on  
attending:  
9:30-10:30  
11:00-12:00

Participant's first and last name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Grade Completed on 5/24/24: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

List Any Allergies: \_\_\_\_\_

Parent/ Guardian's first and last name: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Phone #: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Emergency Contact's first and last name: \_\_\_\_\_

Emergency Contact's Address: \_\_\_\_\_

Emergency Contact's Phone #: \_\_\_\_\_

Emergency Contact's Email Address: \_\_\_\_\_

### List people permitted to pick your child up from the library:

Volunteers and Staff of the Franklin County Library will not allow your child to leave with ANY person not listed below or in the information above. Your child will not be allowed to leave the building unless he/she is accompanied by a person on the pick-up list. We will not allow a child to walk to a vehicle parked in the parking lot. We apologize for the inconvenience that this might cause, however your child's safety is of the utmost importance.

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### Media Release:

I give permission for Franklin County Library to release my child's name and/ or picture to the local Mt. Vernon newspaper and in any media that the library uses, such as but not limited to, the library website, social media, blog, print media, and video media.

- I agree
- I disagree

Parent/ Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_