



TAILS and TALES
2021 Program Registration Form
(for all children; newborn - age 12)



Child's Name: _____

Address: _____

Phone #: _____ Age: _____

Grade in September: _____ Circle one: Independent Reader Family Reader

Allergy / Health Concerns

Please list all known allergies or health concerns that your child has:

This is very important information if your child will be attending the daily programs as there will be programs with food involved

Picture / Video Release

I _____ am the parent or legal guardian of _____.
(Name, please print) (Name, age)

I understand the Lyons Public Library may photograph or videotape the events or activities in which my child is participating. I give my permission for the Lyons Public Library to use photographs or videotape of my child for the purpose of sharing the daily program's fun and/or promoting the Lyons Public Library and its services/programs. I give my permission with the following understanding that no compensation of any kind will be paid to me or my child at this time or in the future for the use of my child's likeness.

Permission is not required for your child to participate in the programs.

Parent/Guardian Signature: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____ Email: _____

