



# Registration Form

**Child's Name** \_\_\_\_\_

**DOB**     /     /  
\_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**I understand the Herman Brown Free Library may photograph or video the events or activities in which I am (or my child is) participating. By signing, I give permission for the library to use photographs or videos of me (or my child) for the purpose of promoting the Herman Brown Free Library and its services/programs.**

**Parent Signature** \_\_\_\_\_

**Date Enrolled**     /     /  
\_\_\_\_\_

**100**    **200**    **300**    **400**    **500**    **600**    **700**    **800**    **900**    **1000**

