

**Benton County Public Library
Children's Programs - Registration Form**

Name of Program: (Circle One) **Preschool Story Hour** **After School Adventurers**
Grade _____

Child's Name: _____

Parents' Names: _____

Address: _____

Phone: _____ Age as of Sept. 30th this year: _____

E-Mail Address: _____

Emergency Contact & Phone #: _____

Known Allergies (Food, Insect Bite Medicines): _____



Media Release Form

I, the undersigned, do hereby grant permission to Benton County Public Library to use the image of my child/family member, _____.
Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as newspaper articles, brochures, newsletters, videos, and digital images for a website.

Parent/guardian Name printed _____

Parent/guardian signature _____

Date _____