

Roland Public Library Information Sheet

Date: _____

Parent Name: _____

Address: _____

Phone number: _____

Email address: _____

Name(s) of child(ren)

- 1. _____ Age: _____
- 2. _____ Age: _____
- 3. _____ Age: _____
- 4. _____ Age: _____

5. Please list any allergies and/or food restrictions, along with any activity restrictions your child(ren) may have.

I give permission for my child(ren), _____, to be photographed during Roland Public Library programs and affiliated programs. I understand these photos may be used for promotional purposes by the Library.

Yes _____ No _____

Parent Signature

Date

