



Dig into Reading!

2013 REGISTRATION

Name: _____

Address: _____

Phone: _____

Age: _____

SCHOOL: _____ GRADE IN SEPTEMBER: _____

.....
CIRCLE ONE:

INDEPENDENT READER

FAMILY READER



Dig into Reading!

READING CONTRACT

I agree to read _____ minutes this summer as part of
the "DIG INTO READING!" summer reading program.
(We recommend at least 720 minutes)

Signature: _____ Date: _____

Librarian: _____



Permission to Photograph and/or Videotape

I, _____ am the parent or legal guardian of _____

I understand that the city of Alden may photograph or videotape the events and activities in which I or my child is participating. I give my permission for the city to use photographs or videotape of me or my child for the purpose of promoting the city of Alden and its services and programs. I give my permission with the following understanding: 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 or my child's likeness.

Permission is not required to take part in city events. Valid through June 2014.

Signature: _____ Date: _____



Emergency Contact Form

Name: _____ Phone: _____

Address: _____

Prime Emergency Contact Name: _____

Phone: _____ Work Phone: _____

Secondary Contact Name: _____

Phone: _____ Work Phone: _____

Preferred local hospital: _____

Insurance Information: Company: _____ Policy #: _____

Allergies, special medication or other personal information you would want an emergency care provider to be aware of:



Preferred Method of Transport

The LIBRARY PREFERS that PARENTS OR GUARDIANS ACCOMPANY CHILDREN TO LIBRARY EVENTS. HOWEVER, WE UNDERSTAND THAT THAT IS NOT ALWAYS POSSIBLE. PLEASE INDICATE BELOW HOW YOUR CHILD WILL BE TRAVELING TO AND FROM THE LIBRARY, SO THAT WE CAN MAKE THE BEST POSSIBLE EFFORT TO ADHERE TO YOUR WISHES.

- MY CHILD MAY TRANSPORT THEMSELVES TO AND FROM THE LIBRARY
(IE: WALKING, BIKING, ETC.)
- MY CHILD SHALL BE PICKED UP AND DROPPED OFF BY A PARENT OR GUARDIAN.

APPROVED FOR PICKUP: _____

I, _____ am the parent or legal guardian of _____.

Signature: _____ Date: _____



Field Trip Permission Slip

I, _____ give permission for my child _____
to attend the ALDEN PUBLIC LIBRARY'S field trip to MARTIN MARIETTA ON WEDNESDAY, JULY
10, 2013.

WE WILL MEET AT THE LIBRARY AT 2PM AND RIDE A BUS TOGETHER TO THE QUARRY. WE WILL
PARTICIPATE IN A TOUR AND THEN COME BACK TO THE LIBRARY FOR STORIES AND SNACK.
ACTIVITY DAY WILL LAST UNTIL 4PM TO ACCOUNT FOR OUR EXTRA ACTIVITIES.

IF YOU NEED TO CONTACT US FOR ANY REASON WHILE WE ARE OUT OF THE LIBRARY, PLEASE
CALL THE LIBRARY AT 515-859-3820 AND THEY WILL CONTACT SARAH ON HER CELL PHONE.

Signature: _____ Date: _____