



# After School Program Registration

Science Club—1st Wed. or Thurs. 4—5  
Lego Club - 3rd Wednesday 4-5



Child's name:

\_\_\_\_\_

Date of birth: \_\_\_\_\_ grade\_\_ Circle : Science    Lego

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Male or Female circle one

Food allergies or other medical/behavior information:

\_\_\_\_\_

*\*Many of our programs include a snack and, weather permitting, outside play.*

Parent signature -

Name of person or persons who will be bringing the child to the program:

\_\_\_\_\_

Email address: \_\_\_\_\_

*Please provide an email address so that we can remind you about upcoming programs.*

May we have your permission to use your child's name and/or picture for Tyson Library publicity in the event that we announce contest winners, program participants, etc.

Please circle one    **yes**    **no**



I understand that my child should be dropped off and picked up **INSIDE** the library.  Please initial the box.

**Please complete and return to Tyson Library before your child's first session.**