

## REGISTRATION (PLEASE PRINT)

Adult Name	_____	_____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
	First	Last	<input type="checkbox"/> Other	_____
Adult Name	_____	_____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
	First	Last	<input type="checkbox"/> Other	_____
Child's Name	_____	_____	Age: _____	
	First	Last	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's Name	_____	_____	Age: _____	
	First	Last	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's Name	_____	_____	Age: _____	
	First	Last	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	_____			
	Address			
	_____	_____		
	City	Postal Code		
Phone	_____	_____		
	Primary #	Emergency # / Name		
Email	_____	_____		
		2nd Language		

## CONSENT

By signing below, I understand as the parent/guardian of my child(ren) I will remain with my child for the full program. If my child is restless or disturbing others I will quietly take him/her out. I give permission for my child(ren) to be photographed or videotaped in The Story Garden for the purpose of sharing our programs with others in print, on our website or through social media.

Signature \_\_\_\_\_

Date \_\_\_\_\_

read with **LOVE**... read for **LIFE**