

REGISTRATION

for the 2025 Summer Library Program



Reader's Name: _____ Age: _____

Address: _____

Parent phone or email: _____

School: _____ Grade in September: _____

Circle one: Independent Reader

Family Reader

Completed program: ☐ YES ☐ NO

READING CONTRACT

for the 2025 Summer Library Program

I, _____, agree

to read _____ books, minutes, or pages (circle one)

this summer as part of the 2025 summer library program.



Signature of Reader: _____ Date: _____

Signature of librarian: _____