

	Date/time form received by library staff				
			_(to be no	oted by staff)	
Deposit received _	Cash	Dehit	Credit	Cheque	
Deposit received _	CG311	DCDII			

Welcome to the 2017 TD Summer Reading Club programs at Medicine Hat Public Library!

Name	e of child:				
			Grade in school as of June 2017:		
Name	es of parents:				
			/		
Addr	ess & Postal Code:				
Emer	gency Contact (must be avail		gram times):		
Does	the child have any allergies or	health concern	s\$		
parer progr	nt, legal guardian or adult care cam. e and phone number(s) of the	egiver trained to	Ith concerns must be accompanied by a deal with a medical emergency during the nying the child during the program (see		
Will yo	our child be staying over the lu	nch hour? YES /	NO		
How	did you learn about our progra	ams? Please che	eck all that apply:		
0	Invitation given to your child	during a school	visit by public library staff		
0	display at the public library / library program booklet / library website				
0	word of mouth				
0	participation in previous sum	mer programs			
0	media (t.v., radio, newspape	r)			
0	through TD bank publicity				
0	other		·		

Your signature indicates you have read and agree to the following program guidelines:

- 1. The goal of our program is to provide an enjoyable environment for all of the children. If a child continually exhibits behaviours which are disruptive to the group, his/her parents will be contacted to pick the child up immediately. Serious and/or repeated issues may result in the child being withdrawn from the program.
- 2. The Library is a public building; please remind your children about being safe in public spaces and the importance of staying with the group and being attentive to the Summer Program staff.
- 3. The Library is undergoing renovations to our theatre throughout the summer; please be aware that it will be noisy and there may be times when the air conditioning system is offline.
- 4. Children must be within the posted age limit by the day of the program to participate. The Library reserves the right to require proof of age.
- 5. We require 48 hours' notice if a child cannot attend a program for which they have registered. Registrants who fail to provide adequate notice forfeit their deposit and will be removed from any other programs for which they have registered unless a new \$100 deposit is paid. Please only contact the Summer Programmers at mhpl.srp@shortgrass.ca or 403-502-8535 if you need to cancel.
- 6. Our programs focus on reading as an enjoyable activity and are not intended for children in need of reading instruction. Your child's school may have suggestions for reading enhancement support services.
- 7. Our staff cannot devote one-on-one attention to children with special needs. Children who are not able to participate in the activities of the group without help, must be assisted by a parent or other adult caregiver during the program.
- 8. Children must come prepared for the program:
 - a. Each child must be appropriately attired for a variety of activities both inside and outside of the Library (the minimum requirement is a shirt, shorts or pants, and shoes).
 - b. Each child should have a bag including change of clothes, a hat, sunscreen, bug spray, and any other items that you feel they will need throughout the day.
 - c. Each child must bring their own lunch and healthy snacks. For the safety of others kindly keep all items nut free. Please do not send foods that will need to be heated.
 - d. Please ensure that your child has a water bottle.
 - e. All personal items should be clearly labeled; the Library is not responsible for lost or stolen items.
- 9. Parents are expected to provide transportation to and from the program. The Library is not a child care centre; children <u>may not be left</u> unattended by parents or caregivers at the Library for extended periods before or after the program. Repeated incidents may result in the child being withdrawn from the program.

Parent's signature: ℓ	
Date:	
Photos: Throughout the summer we take photos of the programs; we would like to be able to share some photos as part of our program promotions. Please initial one of the following optic	ns:
I give my consent to have photos of my child included in the Library's publicity	
I do not give my consent to have photos of my child included in the Library's publicity	