



**To be completed by Library Staff**

Date/time form received: \_\_\_\_\_

- July 2-6 Challenge Week
- July 9-13 Challenge Week
- July 16-20 Imagination Week
- July 23-27 Imagination Week
- July 30 - August 3 Arts Week
- August 7-10 Arts Week
- August 13-17 Science Week
- August 20-24 Science Week

**Welcome to the 2018 TD Summer Reading Club programs at Medicine Hat Public Library!**

Library Barcode number: \_\_\_\_\_

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Boy or Girl    Grade in school as of June 2018: \_\_\_\_\_

Names of parents: \_\_\_\_\_

Phone numbers : \_\_\_\_\_ / \_\_\_\_\_

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

Address & Postal Code: \_\_\_\_\_

Who do we contact if your child becomes ill or must leave during the program:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternate: \_\_\_\_\_

Does the child have any allergies, health concerns, or behavioural issues? Please note that a child with serious allergies, health concerns, or behavioural issues must be accompanied by a parent, legal guardian or adult caregiver trained to deal with any issues that may arise during the program. *If applicable please provide the name and phone number(s) of the adult accompanying the child during the program:*

\_\_\_\_\_  
\_\_\_\_\_

Will your child be staying over the lunch hour? **YES / NO**

How did you learn about our programs? Please check all that apply:

- Invitation given to your child during a school visit by public library staff
- display at the public library / library program booklet / library website
- word of mouth
- participation in previous summer programs
- media (t.v., radio, newspaper)
- through TD bank publicity
- 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 Serious and/or repeated issues may result in the child being withdrawn from the program.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. Program participants are expected to be kind and courteous to one another; the Library will not tolerate bullying and / or inappropriate language.
3. 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.
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](mailto: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. During some weeks we will have the opportunity to share programs with other groups within the City; children from Saamis Immigration Services Association's summer programs will be joining us on July 12 and August 14 for shared activities and fun.
10. Parents are expected to provide transportation to and from the program. The Library is not a child care centre; children may not be left 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:** \_\_\_\_\_

**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 options:

Yes. I give my consent to have photos of my child included in the Library's publicity  
Parent's initials \_\_\_\_\_.

**OR**  
No. I do not give my consent to have photos of my child included in the Library's publicity  
Parent's initials \_\_\_\_\_.

**Field Trip Permission:**

Thank you for signing your children up for the Library's 2018 Summer Reading Program.

All programs may include walking to local parks. We hope to have the opportunity to travel by bus to an off-site field trip in partnership with the Community Food Connections Association; parents will be notified via email when these details are finalized.

Children are expected to be on their best behavior as we represent the library in different places around the community. Please ensure that they are aware of the expectations and are attentive to staff and leaders as well as their surroundings.

**In order to participate in the program please sign this form and return to the library at your earliest convenience before the program begins.**

Child Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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**Deposit:**

I understand that if my child \_\_\_\_\_ does not attend a program for which they have registered and the required noticed has not been provided; the \$100/child deposit will be forfeited.

I authorize Medicine Hat Public Library to deposit the cash/cheque or charge the following credit card if the deposit is forfeited.

Deposit paid by \_\_\_\_\_ in the form of:

- Cash
- Cheque
- Credit Card

Credit Card Number: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

**Signature of Cardholder / Payee:** \_\_\_\_\_

**Date:** \_\_\_\_\_