



# \* Imagine Your \* Story \*

## Howard County Library Summer Reading Program 2020 Registration

Parent/ Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Do you have a library card?                      Yes    No

If not, would you like a library card application emailed to you?  
Yes    No

If more than one child, please add information to back of paper.

Child's Name: \_\_\_\_\_

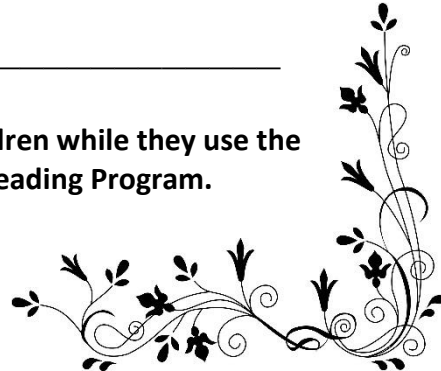
Age: \_\_\_\_\_

If Applicable

Grade in the fall: \_\_\_\_\_

School attending this fall: \_\_\_\_\_

**Please note that parent/guardian is responsible for supervising child/children while they use the internet to navigate virtual programming or online content for Summer Reading Program.**





Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

If Applicable

Grade in the fall: \_\_\_\_\_

School attending this fall: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

If Applicable

Grade in the fall: \_\_\_\_\_

School attending this fall: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

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