



Summer Reading Program 2019

Howard County Library

Parent/
Guardian Name: _____

Email: _____

Cell Phone: _____

Do you have a library card? YES NO

Would you like a Library Card Application emailed to you? _____

Child's Name: _____

Age: _____

If Applicable

Grade in the fall: _____

School attending this fall : _____

Please note that adult guardian must stay with child that has completed first grade and younger, during summer reading program and events. No exceptions, thank you.