

REGISTRATION

FOR THE 2026 SUMMER LIBRARY PROGRAM



Reader's Name: _____ Age: _____

Address: _____

Parent phone or email: _____

School: _____ Grade in September: _____

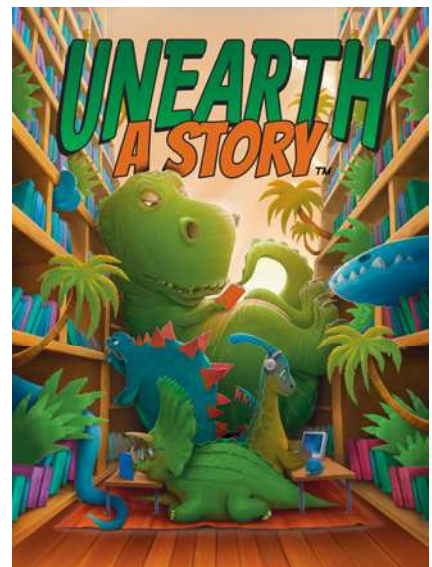
Circle one: Independent Reader

Family Reader

Completed program: YES NO

READING CONTRACT

FOR THE 2026 SUMMER LIBRARY PROGRAM



I, _____, agree

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

this summer as part of the 2026 summer library program.

Signature of Reader: _____ Date: _____

Signature of librarian: _____