2020 Summer Reading Program Registration Form

Library Branch: _____   Best Phone Number: _____

Who would you like to register?

___ Myself (complete Part A)

___ Myself and Children (complete parts A and B)

___ My Group (complete Part C)

Part A: Myself

How old are you? (circle one)   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Choose your program: ___ Preschool   ___ Child   ___ Teen   ___ Adult

First Name: _____   Last Name: _____

Email Address (optional): _____

Username for READsquared login: _____

Password (seven (7) or more characters with at least one (1) letter and one (1) number:
_____

Ages 17 and under: Would you like to receive book recommendations by email? ___ Yes   ___ No

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Part B: Children (add additional sheet if more than five children)

Child #1 Age (circle one):   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Program: ___ Preschool   ___ Child   ___ Teen   ___ Adult

First Name: _____   Last Name: _____

Email Address (optional): _____

(Optional) Username: _____ (Optional) Password: _____

Child #2 Age (circle one):   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Program: ___ Preschool   ___ Child   ___ Teen   ___ Adult

First Name: _____   Last Name: _____

Email Address (optional): _____

(Optional) Username: _____   (Optional) Password: _____

Child #3 Age (circle one):   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Program: ___ Preschool   ___ Child   ___ Teen   ___ Adult

First Name: _____   Last Name: _____

Email Address (optional): _____

(Optional) Username: _____   (Optional) Password: _____

Child #4 Age (circle one):   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Program: ___ Preschool   ___ Child   ___ Teen   ___ Adult

First Name: _____   Last Name: _____

Email Address (optional): _____

(Optional) Username: _____   (Optional) Password: _____

Child #5 Age (circle one):   0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

Program: ___ Preschool   ___ Child   ___ Teen   ___ Adult

First Name: _____   Last Name: _____

Email Address (optional): _____

(Optional) Username: _____   (Optional) Password: _____

Part C: Group (one group per age – 19+ can be in one group)

How old are the kids in your group? (circle one):

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19+

How many kids are in your group? ___   Group name? _____

Program: ___ Preschool   ___ Child   ___ Teen   ___ Adult