

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

**PLEASE PRINT**

CHILD'S NAME

Last Name	First Name	Middle	Gender M    F
Home Address		Apt. #	
City		State	Zip
Phone	My Cleveland Public Library Branch	Grade	
Birth Date	Email		
Month	Date	Year	

I would like to receive notices from the library by (Circle one)    Email    Phone    Text    Mail

Is this your first time in the Summer Reading Club?    YES    NO

Do you have siblings joining the Summer Reading Club this year too?    YES    NO

**SIGNATURE**

Notify the Library immediately if this card is lost or stolen

Child's signature \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

Profile: CNCTED    Agency: \_\_\_\_\_

ConnectED ID# 28074    Staff: \_\_\_\_\_    SRC