



## Daland Memorial Library Summer Reading Program Registration

**Name:** \_\_\_\_\_

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

**Grade Going Into in the Fall:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Family Email:** \_\_\_\_\_

**Family Phone Number:** \_\_\_\_\_

Reading Group: (choose one)

\_\_\_\_\_ Birth to independent reader (12 or more books)

\_\_\_\_\_ 1st - 3<sup>rd</sup> grade (6 books or more)

\_\_\_\_\_ 4<sup>th</sup> - 6<sup>th</sup> grade (4 books or more)

\_\_\_\_\_ Teen Reader (4 books)