



Program Permission Slip

Name of Participant: _____

School District: _____ South Seneca _____ Romulus

_____ Picked up at the library by 4:45pm (*Programs end by 4pm*)

Please complete the section below to update and verify our records for a library card and checkout purposes.

Address:

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

Child's Birthdate: _____

Parent/Guardian Contact Information:

Phone: _____ Email: _____

By signing for my minor child, I will be responsible for all materials borrowed and any charges incurred.

Signature (Parent/Guardian): _____