

Benny Gambaiani Public Library – After School Program

Parental Consent Form

(Each child needs a separate consent form)

I confirm that I _____ am the parent/legal guardian of
_____ age _____.

I hereby consent to the above child participating in the *After School Program*. All participants will need to sign up in order to attend the program and provide a signed parental consent form.

The After School Program will be held from 1:50pm – 3:00pm. There will be 2 separate age groups; one group for K-1st graders and another group for 2nd – 4th graders. At the conclusion of this program, children 10-years-old and under will be required to have a parental guardian with them if they want to stay at the library. **The Library closes at 4:00 p.m. on Wednesdays.**

I have provided contact details below and will inform the library of any changes to this information. I confirm that all details are correct and I am able to give parental consent for my child to participate in all after school activities held at the library.

Parent/Guardian's Name: (*please print*) _____

Signature _____

Date _____

Contact Details

Name of Child _____

Address _____

Parent's Mobile Phone No. _____

Emergency Contact Name and number _____

Please also include all medical details that might be relevant in dealing in with your child such as allergies as snacks will be provided.

Photographic & Video Consent

Any photographic or video material, used in any publications/websites/social network applications, may be used for the purpose of documenting and highlighting their involvement in this program.

Please mark:

Yes - I give permission for my child's photo to be used.

No - I do not give permission for my child's photo to be used.

Name: _____

Age: _____

Signature: _____

Date: _____

Print Name: _____