



**DENVER PUBLIC LIBRARY
SUMMER READING 2026 REGISTRATION FORM**

Program is open to children entering Kindergarten to 6th Grade

Child's Name _____

Age _____ Grade Entering _____

Parent/Guardian Name _____

Address _____

City _____ **Phone** _____

Emergency Contact Information (In case we cannot contact parent/guardian listed above)

Emergency Contact Name _____ **Phone** _____

To help the library plan for the number of children at each program, please check the programs your child plans to attend:

_____ *Once Upon A Beanstalk – Tuesday, June 9 11:00 AM*

_____ *Stories A Grow-Grow with Happy Time Faces – Wednesday, June 17 1:00*

_____ *Jonathan May, Magician – Tuesday June 23 11:00*

_____ *Art in the Park (Cyclone City Park) – Tuesday, June 30 11:00*

_____ *Big Bang Bubbles – Tuesday, July 7 2:30*

In the event of a medical emergency, every effort will be made to notify me or the emergency contact. I understand that my child will be expected to follow the safety and behavior rules set up by the library staff. I give permission for photographs to be taken of my child to be used for publicity purposes.

Parent/Guardian Signature _____ **Date** _____