



2025 Summer Reading Club

Program Participant Form – Quesnel Branch



Child's Name

Gender ☐ M ☐ F Age _____

Parent/Guardian's Name

Email Address

Primary Phone Number

Secondary Phone Number

Emergency Contact Name

Relationship to Child

Emergency Contact Phone Number

Allergies, Behavioural Challenges, Disabilities, Medications, Medical Conditions, etc.

I give permission for my child to take part in any pictures that will be taking place during the course of the library program. (Pictures may be used to promote library programs on social media and in local newspapers.)

Initial _____

Other than myself, the following contact has my permission to pick up my child from the program:

Name:
Relationship to child:
Phone number:

I certify that my child is capable of participating in the 2025 Summer Reading Club Program.

Initial _____

I agree that the sponsoring bodies of the program shall not be held liable for any injury arising out of participation in the library program.

I understand that the parent/guardian must remain in the library building for children 5 years and under.

Initial _____



Check ONE of the following classes that your child will be available for weekly

3–5 Years of Age

- ☐ Tuesday: 10:00–10:45am
☐ Wednesday: 10:00–10:45am
☐ Thursday: 10:00–10:45am

6–8 Years of Age

- ☐ Tuesday: 11:00am–12:00pm
☐ Wednesday: 11:00am–12:00pm
☐ Thursday: 11:00am–12:00pm

9–12 Years of Age

- ☐ Tuesday: 1:30–2:30pm
☐ Wednesday: 1:30–2:30pm
☐ Thursday: 1:30–2:30pm



Parent/Guardian Signature

Date

SRCQ Email

srcq@cariboord.ca

Library Phone Number

(250) 992-7912

