

Summer Reading Program Registration Form

AGES 6 YRS TO 10 YRS OLD

Starts: July 28/25 to August 1/25

Aug 5/25 – Aug 8/25

10 AM – 2 PM

Wabsuwilaks'm Gitselasu Adult School

Name _____

Sex Gender: female: male:

Age: _____

Allergies: _____

Address: _____

Phone number: _____

Field Trip

I give permission for (child's name) _____ to participate in any excursion/outgoings. Parents will be informed by newsletters of any field trips into the community of Kitselas or Terrace that is planned during the year.

Parent/guardian signature: _____

Date: _____

Photos

I give permission for (child's name) _____ to have his/her photo taken and displayed at the Centre and shared with families of the children enrolled in the Centre's Program.

Parent/guardian signature: _____

Date: _____