

## Club de Lecture Young Reading Buddy Application

Child's Name:		
Library Card#	Emergency Phone:	
Email:	Birthdate:	
<ul> <li>fun only. It is not a tutoring</li> <li>Program runs every Wedne</li> <li>Buddies are admitted based and date they applied.</li> </ul>	dy be able to read in French. This program is for practice and	
What I like to read		
My Namo	Data	
My Name	Date	
Parental Permission:  I hereby give permission for my so	n/daughter to participate	
Parental Permission:  I hereby give permission for my so in the French Reading Buddies (Clu		
Parental Permission:  I hereby give permission for my so in the French Reading Buddies (Clu	n/daughter to participate	
Parental Permission:  I hereby give permission for my so	on/daughter to participate ub de Lecture) program at the New Westminster Public Library.	





## New Westminster Public Library Photograph Release Form

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## For Photographs of Adults 18 Years of Age and Older

Name (please print) _	
Address:	
Phone Number:	
Signature:	
Date:	
For Photographs of G	Children Under the age of 18
Child's Name:	
Parent's Name:	
Address:	
Phone Number:	
Signature:	
Date:	
	New Westminster Public Library 716 – 6 <sup>th</sup> Avenue

New Westminster BC V3M 2B3



WINTER 2015 Date form received in Library: \_