



801 South Commonwealth Avenue • Strathmere, New Jersey 08248
(609) 486-6265 • Fax (609) 486-6267

Kids
Night



Wednesday Nights July 1st to August 12th
For children who have completed 1st, 2nd, or 3rd grade
6:00-7:30 at the Dr. Rita C. Schiavo Library



Registration Form

Please fill out one (1) registration form per child. This form may be brought on the night of class. Remember, due to the number of volunteers, each class will have a limited number of spaces available and will be filled on a first come first serve basis.

Name: _____ Guardian Phone Number: _____
(Child's Name) (Preferably Cell Phone)

Local Address: _____

Birth Date: _____ Age: _____ Grade Entering: _____

Number of Weeks Planning to Attend: _____

Waiver For Participant

In consideration of your accepting my entry, I hereby, for myself, my child, my heirs and administrators, waive and release any and all rights and claims for damage I or my child may have against the Dr. Rita C. Schiavo Library, and it's representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Parent or Guardian: _____

Date: Date: _____