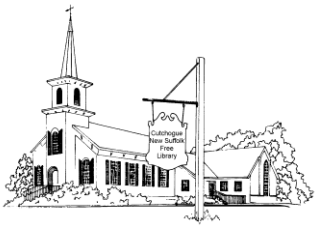
Cutchogue-New Suffolk Free Library

REGISTRATION FOR CHILDRENS' PROGRAMS

Child's first and last name (please print): _____

Age today: _____ Birthday (mo./day/year): _____



Grade in school: _____

Phone number: _____

Email address: _____

Does this child live in Cutchogue or New Suffolk? (circle one) Yes / No

List any allergies to food that your child has or write "none": _____

Please list below the name and date of programs you want to register this child for. You will only be notified by the library if your child has been placed on the waiting list because the registration is full. If your child resides outside of the Cutchogue-New Suffolk district, s/he will be placed on the waiting list and called if there is room.

Program Name	**Date of Program**	Staff use

(**Staff use only**) Date received: _____ Time received:_____ Staff initials: _____

Notification of placement on waiting list(s) made on _____ by _____