

print legal guardian's name here	, agree that I have read the information on the
Madison Public Library's website a	bout after school programs. I give permission for my child,
print child's name here WhC	o is in grade to attend a Create Space program
print date here I am aware my ch	nild must enter through the high school side entrance to the
library between 2:45 and 3 pm.	
(Legal Guardian Signature)	(Date)
(Contact phone number)	-
	MADISON PUBLIC LIBRARY EST 1919
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