,print legal guardian's name here	, agree that I have rea	ad the information
on the Madison Public Library's we	ebsite about after school prog	grams. I give
permission for my child,	orint child's name here who is in	n grade to
volunteer on behalf of National Jur	nior Honor Society on	rint date here I am
aware my child must enter through	n the high school side entrand	ce
to the library between 2:45 and 3 p	om.	Madison Public Library
(Legal Guardian Signature)	(Date)	(440) 428-2189
(Contact phone number)		
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