

,print legal guardian's name here	, agree that I have read the information on the
Madison Public Library's website about	after school programs. I give permission for my child,
print child's name here who is in	grade to attend a special Monday event on
print date here I am aware my child m	nust enter through the high school side entrance to the
library between 2:45 and 3 pm.	
(Legal Guardian Signature)	(Date)
(Contact phone number)	
	MADISON UDLIC LIDRARY EST 1919
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