

**Back to School Boot Camp  
Student Registration**

Juliette Hampton Morgan Memorial Library  
**2018**

Grades 9-12, July 9-13 \_\_\_  
Grades 3-5, July 16-20 \_\_\_

Grades 6-8, July 9-13 \_\_\_  
Grades K-2, July 23-27 \_\_\_

*Back to School Boot Camp* offers a variety of programs to prepare students for the new school year. Registration and Check-in are in the first floor lobby.

Student's Name (please print): \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Work Phone of Parent/Guardian: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email address: \_\_\_\_\_  
Name of Parent or Guardian (please print): \_\_\_\_\_

**In case of emergency**, if parent or guardian cannot be reached, please call:

Name (please print): \_\_\_\_\_ Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Parental permissions:**

Yes No

\_\_\_  \_\_\_  My child may be photographed for Back to School Boot Camp publicity and any other publicity that is designed to advertise the many activities going on in our libraries.

\_\_\_  \_\_\_  Medical waiver: permission is granted to supervising staff to provide necessary first aid in an emergency if parent, guardian or emergency contact cannot be contacted using the above numbers. If secondary medical assistance is required, the library/city/county will not assume any liability for charges arising from medical assistance

**Parental Commitment:**

My child and I know that library rules must be followed or he/she will be asked to go home for the day. I know that Boot Camp classes are not a childcare program; therefore, I will insist that my child take part in the planned activities that are designed to help him/her understand the many valuable resources available in our public library.

\_\_\_\_\_  
Signature of parent or guardian

**Student Commitment:** I know that I must follow library rules and behave calmly, quietly and politely. If I do not behave appropriately, the library staff will ask me to go home for the day.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**Montgomery City-County Public Library**  
**Boot Camp Lunch**

Students attending Boot Camp have an option for receiving a FREE lunch. Students selecting this option will be transported to Houston Hills Community Center at 12:00 to enjoy their lunches. After lunch they will then be transported back to Morgan Library for pick-up at 12:45. The lunches are provided by a partnership between USDA, the State of Alabama, and the City of Montgomery, including the Montgomery City- County Public Library System.

( ) YES, I would like to participate in Boot Camp's free lunch program.

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Food Allergies (List) \_\_\_\_\_

~Transportation is provided by Montgomery Parks and Recreation