



Crete Public Library 2025 Summer Reading Program

Registration Opens: May 1

www.crete.ne.gov/library

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

_____ Please indicate here if participation is independent reading ONLY.

Storytimes



My child will be participating in the following storytime session:

_____ Toddler Storytime (Ages 0-2) Sessions are Wednesdays at 10:00 am

_____ Preschool Storytime (Ages 3-5) Sessions are Thursdays at 10:00 am

Parent/Guardian Name _____

Address _____

Phone # _____ Email _____

Caregiver's Name _____ Phone# _____

Reminder to parents: Summer Reading participants seven (7) years and younger should be accompanied by a parent/guardian during activities. We also encourage parents to arrange safe escort to and from Summer Reading programs. Library staff are not responsible for children before and after programs.

My child(ren) _____ has the following allergies _____

My child(ren)'s name(s) and/or photo(s) may be used in print or for the library's website or Facebook Yes _____ No _____

Parent/Guardian Signature _____