

**COLOR
OUR
WORLD™**

**2025
SUMMER
READING
PROGRAM**



REGISTRATION

PLEASE FILL OUT ONE FORM PER CHILD

Parent/Guardian (First & Last): _____

Participant (First & Last): _____

Age / Grade just completed: _____ / _____

Phone Number: _____

Email: _____

PREFERRED METHOD OF CONTACT: **PHONE** **EMAIL** **BOTH**

Your child's name could appear in publication to recognize top readers during the summer. Please select an option below:

I grant permission to Napoleon Public Library to use my child's name for social media, radio, and/or newspaper publication during the 2025 summer reading program:

- YES, my child's name can appear in publication.
 NO, my child's name cannot appear in publication.

**NAPOLEON
PUBLIC LIBRARY**
FLORIDA **NAPOLEON** **MCCLURE**

Reading Logs and the full summer calendar are available on our website:

www.napoleon.lib.oh.us

**COLOR
OUR
WORLD™**

**2025
SUMMER
READING
PROGRAM**



REGISTRATION

PLEASE FILL OUT ONE FORM PER CHILD

Parent/Guardian (First & Last): _____

Participant (First & Last): _____

Age / Grade just completed: _____ / _____

Phone Number: _____

Email: _____

PREFERRED METHOD OF CONTACT: **PHONE** **EMAIL** **BOTH**

Your child's name could appear in publication to recognize top readers during the summer. Please select an option below:

I grant permission to Napoleon Public Library to use my child's name for social media, radio, and/or newspaper publication during the 2025 summer reading program:

- YES, my child's name can appear in publication.
 NO, my child's name cannot appear in publication.

**NAPOLEON
PUBLIC LIBRARY**
FLORIDA **NAPOLEON** **MCCLURE**

Reading Logs and the full summer calendar are available on our website:

www.napoleon.lib.oh.us