

I, \_\_\_\_\_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 Level Up on Tuesday \_\_\_\_\_print date here\_\_\_\_\_. I am aware my child must enter through the high school side entrance to the library between 2:45 and 3 pm.

\_\_\_\_\_  
(Legal Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Contact phone number)



Madison Public Library

**(440) 428-2189**

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