

Children's Historic Adventures in Reading

Presented by the Lewes Historical Society

60 minute Read-A-Loud program targeted at 3rd & 4th Grade Readers

REGISTRATION FORM

(One form per child, please)

Child's Name: _____

Child's date of birth: _____ Child's Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's home phone: _____ Cell: _____

Email address: _____

Some sessions may provide a snack time period. Please list any known food/environmental allergies: _____

Video/Audio Image Release: I grant permission to Lewes Historical Society, its employees and agents, to take and/or use audio/visual images of my child. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as websites, publication, promotions, advertisements, or posters. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release Lewes Historical Society and its employees and agents, to publish and/or distribute a finished product containing the images for any claims, damages, or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I understand and accept these terms for the video/audio release, as the parent/guardian.

I give permission

I do not give permission

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I AM REGISTERING MY CHILD FOR THE FOLLOWING SESSIONS:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> FEB (Virtual): 12, 19, 26 | <input type="checkbox"/> MAY: 14, 21, 28 | <input type="checkbox"/> AUG: 13, 20, 27 | <input type="checkbox"/> NOV: 5, 12, 19 |
| <input type="checkbox"/> MAR: 12, 19, 26 | <input type="checkbox"/> JUNE: 11, 18, 25 | <input type="checkbox"/> SEPT: 10, 17, 24 | <input type="checkbox"/> DEC: 3, 10, 17 |
| <input type="checkbox"/> APR: 16, 23, 30 | <input type="checkbox"/> JULY: 16, 23, 30 | <input type="checkbox"/> OCT: 15, 22, 29 | |

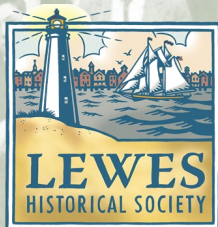
Return one form per child to: Attn: Marcos Salaverria, Director of Education

Lewes Historical Society, 110 Shipcarpenter Street, Lewes, DE 19958

Or email to: marcos@historiclewes.org

This program is open to the public.
All participants must pre-register.

All adult participants must be accompanied
by an age-appropriate child.



HISTORICLEWES.ORG

302.645.7670