



Guam Public Library System Summer Reading Program 2018



**ENTIRE REGISTRATION FORM MUST BE COMPLETED
(Please Print Clearly)**

YES! I would like to participate in the 2018 Summer Reading Program

Club at _____
(Name of branch library) (AGE) (Male/Female)

My Child's Name is: _____

Parent(s) Name: _____

Village of: _____

Mailing address is: _____

Please list two (2) contact numbers: _____

Do you have a GPLS Library Card? Would you like to have one? It's FREE!!! MAIN LIBRARY: 475-4751 / 475-4752 Yes No

Media Permission

I grant the Guam Public Library System permission to use photo(s) or video(s) of my child taken at the Summer Reading Program 2018 events for any future publicity purposes.

Parent Name (Print)

Signature / Date

**Guam Public Library System
Pre-assessment Survey
(Survey Period: May 1, 2018 – June 16, 2018)**



(Circle One Rock Emoji)

1) I like reading.



2) I like talking about the books I read.



3) I like reading during summer.



4) I like going to the library.

