

Sherburne Memorial Library

After School Waiver

Child's name: _____

Age _____ School & Grade Level _____

Address _____

Guardian _____

Home phone: _____ Cell: _____ Work: _____

Place of Work: _____

Email: _____

Secondary contact name _____

Phone number: _____ Email: _____

I understand that my child is at the library unattended and that they have been made aware of the rules of conduct. Library staff cannot monitor their activity outside the building and I am fully responsible for their safety and behavior.

Signed _____ Date _____

Library Staff Signature _____ Received _____