

# 2025

SLP REGISTRATION

# LEVEL UP AT YOUR LIBRARY

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Do we have permission to photograph your child?

☐

YES

☐

NO

Parent/Guardian Signature: \_\_\_\_\_