LIBRARY REGISTRATION CARD	FIRST NAME SURNAME
Child's name	Library card number
Child's age Postcode	
Parent/carer's telephone (Optional)	Branch/Library code Tick if joined library in order to take part
Parent/carer's email	Tick if doing the Mini Challenge Date/Stamp
Child's gender (Optional)	1
Boy Girl Prefer not to say	
Describes another way	2
Child's school	3
New school in September (if changing school)	4
	5
How did you find out about the Challenge?	6
School The library Posters/adverts	Tick if more than 6 books read
Family/friends Taken part before Other If other please give details:	Tick if completed the Challenge
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THE SUMMER READING CHALLENGE LIBRARY REGISTRATION CARD	FIRST NAME SURNAME
-Child's name	Library card number
Child's age Postcode	
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Parent/carer's telephone (Optional)	
Parent/carer's telephone (Optional) Parent/carer's email	Branch/Library code Tick if joined library in order to take part Tick if doing the Mini Challenge Date/Stamp
Parent/carer's email	Tick if joined library in order to take part Tick if doing the Mini Challenge Date/Stamp
Parent/carer's email Child's gender (Optional)	Tick if joined library in order to take part Tick if doing the Mini Challenge
Parent/carer's email Child's gender (Optional) Boy Girl Prefer not to say	Tick if joined library in order to take part Tick if doing the Mini Challenge Date/Stamp
Parent/carer's email Child's gender (Optional) Boy Girl Prefer not to say Describes another way	Tick if joined library in order to take part Tick if doing the Mini Challenge Date/Stamp
Parent/carer's email Child's gender (Optional) Boy Girl Prefer not to say	Tick if joined library in order to take part Tick if doing the Mini Challenge Date/Stamp
Parent/carer's email Child's gender (Optional) Boy Girl Prefer not to say Describes another way	Tick if joined library in order to take part Tick if doing the Mini Challenge Date/Stamp 1 2 3
Parent/carer's email Child's gender (Optional) Boy Girl Prefer not to say Describes another way Child's school New school in September (if changing school)	Tick if joined library in order to take part Tick if doing the Mini Challenge Date/Stamp 1 2
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Child's school