



OZARK REGIONAL LIBRARY 1000 BOOKS BEFORE KINDERGARTEN REGISTRATION FORM

BRANCH: _____

DATE: _____

CHILD'S NAME: _____

BIRTHDATE: _____

PARENT / GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

LIBRARY USE ONLY:

DATE PROGRAM COMPLETED:

CONTACTED FOR GRADUATION DATE:

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Ozark Regional Library