Ozark Regional Library
1000 Books Before Kindergarten
Registration Form

Parent/Guardian Library Card #: __________________________

Parent/Guardian Name: ______________________________________

Date: __________________________

Child’s Name: ____________________________________________

Birthdate: ________________________________________________

Address: ________________________________________________

Phone: ________________________________________________

E-mail: ________________________________________________

Branch: ________________________________________________

Library Use only
Date Program Completed:
Contacted for Graduation Date:

Find us on Facebook or Instagram at
Ozark Regional Library System
or ozarkregional.org/1000books.html.