



## 7-Up! Registration

1. **Parent or Guardian**, please complete this form.
2. Give the finished form to the librarian at FPL's Youth Services desk by May 31, 2017.
3. Please take the information sheet attached to this sheet to share with your 7-UP!

Student's name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent Primary Contact: Cell/Work/Home # \_\_\_\_\_

Student Primary Contact: Cell/Home # \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_

Student E-mail Address \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

Is there anything you would like us to know about your child as we begin working together? If so, please use the space below and/or the back of this form.