



# HOMework CENTERS Registration

Student's Name (First/Last) \_\_\_\_\_ Gender:  Female  Male Student's I.D. Number  Staff Use Only

Student's Address \_\_\_\_\_ City \_\_\_\_\_

Home Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Grade \_\_\_\_\_ Student's School \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Parent's Email Address \_\_\_\_\_

**Students will be released into the library once their session is completed. Please be mindful of your child's transportation needs.**

**Students in the Homework Center will have access to the Internet while in the center.**

## Release and Hold Harmless Agreement

I agree for myself and for my minor child/children/or ward(s) named below, that in consideration for and as a condition of the right to participate in this event, I shall forever release and hold Cuyahoga County Public Library, its officers and employees, harmless from any and all claims for damages, costs, or expenses for personal injuries and/or death (including but not limited to allergic reactions, burns or poisonings) or for damage or loss of personal property, occurring as a result of my participation, and/or the participation of my child/children/or ward(s) named below, in the activities associated with the above-named event.

I further acknowledge on behalf of myself, and my minor child/children/or ward(s), that Cuyahoga County Public Library no way represents or warrants that the activities and the products to be used in this event are safe or healthful. I fully assume the risk that some or all of the activities may be dangerous and that products to be used in this event may cause allergic reactions or other adverse health effects in myself, my minor child/children/or ward(s), and that either could result in personal injury (including death) or property damage and I will in no way hold Cuyahoga County Public Library, its officers and employees, responsible for these risks.

This release and hold harmless agreement was voluntarily entered into by me on the date stated above.

I represent that I am the parent/guardian (circle one) of the following minor child/children/or ward(s) participating in the above-indicated event and that I am at least 18 years of age:

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## In Case of Emergency:

Consent is granted to the staff of Cuyahoga County Public Library to provide medical services through the appropriate medical facilities and/or medical service provider(s) to (Student's Name) \_\_\_\_\_ throughout my child's participation in the Cuyahoga County Public Library program.

Known Allergies: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact (other than parent) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Emergency Contact (other than parent) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

# Homework Centers Calendar

## 2014

**SEPTEMBER**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
1 CLOSED	2	3	4
8	9	10	11
15	16	17	18
22	23	24	25
29	30		

**OCTOBER**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
		1	2
6	7	8	9
13	14	15	16
20	21	22	23
27	28	29	30

**NOVEMBER**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
3	4	5	6
10	11	12	13
17	18	19	20
24	25	26 CLOSED	27 CLOSED

**DECEMBER**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
1	2	3	4
8	9	10	11
15	16	17	18
22	23	24 CLOSED	25 CLOSED
29	30	31 CLOSED	

## 2015

**JANUARY**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
			1 CLOSED
5	6	7	8
12	13	14	15
19	20	21	22
26	27	28	29

**FEBRUARY**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
2	3	4	5
9	10	11	12
16	17	18	19
23	24	25	26

**MARCH**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
2	3	4	5
9	10	11	12
16	17	18	19
23	24	25	26
30	31		

**APRIL**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
		1	2
6	7	8	9
13	14	15	16
20	21	22	23
27	28	29	30

**MAY**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
4	5	6	7
11	12	13	14
18	19	20	21
25 CLOSED	26	27	28