

La Retama Sensory Room Agreement Form

Last Name (please print)	First Name	Date
Address	City / State	Zip
Primary Phone	Email Address	
Library Card Number		
TERMS	AND CONDITIONS	
 Sensory Room Orientation Adult supervision is require The Sensory Room is occase continuous monitoring by I No food or drinks are allow Before reservation time end arrangement, and inform L 	ed at all times. Sionally monitored but is not Library Staff while in use. wed in the Sensory Room.	under to the original
I herby give consent for my child accommodations in the La Retachild at all times in the Sensory Library.	ama Sensory Room. I will su	_
I have read the above Terms and	Conditions and agree to follo	w them.
Signature:	Date:	