



ST. JOSEPH REGIONAL CATHOLIC SCHOOL
Birthday Book Club
Registration Form 2016-1017 School Year

SJRCS Birthday Book Club honors students for their birthdays, teaches children to give rather than receive, and adds quality books and multi-media materials to our Library/Media Center. Over the past 8 years, the Birthday Book Club members have contributed over 825 curriculum based books to the school library collection. Memberships have honored the birthdays of students, school alumni, teachers and relatives.

The cost to join the SJRCS Birthday Book Club is \$15.00 per student or \$35.00 for 3 or more members per family. If you choose to participate in the program, the Birthday Book Club member will be able to select a book or multimedia CD or DVD from a pre-purchased selection. Once a selection has been made, the individual member's name will be recorded in the library database so students may in the future know the material was donated in honor of the Birthday Book Club member. In addition, bookplates will be added to the donated print materials. The Birthday Book Club member can keep the item for 2 weeks. Once returned the donation will become a permanent part of the library collection. This program is open to all friends, grandparents and extended family.

If you would like to become a SJRCS Birthday Book Club member, please complete and return the attached form with a check payable to SJRCS. Summer birthdays will be recognized in September. If your child's birthday is later in the school year they may join now and then will be recognized during their birthday month.

Questions about the SJRCS Birthday Book Club can be directed to: SJRCS Birthday Book Club Committee Chairperson Erin Pontbriand or Joan Payeur. Thank you for your continued support in making the Birthday Book Club a success!

Cut along dotted line

SJRCS Birthday Book Club

\$15.00 per student/member OR \$35.00 for 3 or more students per family.

Student / Member	Birthday	Home Room
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please indicate if you would like to have the donation read something other than the student's name.

Substitution Name: _____

Please indicate if you would **do not want** to have your child's name listed as a donor. _____

Enclosed please find my check for \$_____ made payable to SJRCS to cover the cost of the Birthday Book Club Membership as indicated above.

Please detach and return this form to the SJRCS School Office.

Thank You for supporting the SJRCS library program.

St. Joseph Regional Catholic School, 40 Main Street, Salem, NH 03079

www.stjosepheagles.com