



Reading Buddies Child Application

Applicants must be in grades 1-5

Program runs on Wednesdays at 4:30 – 5:15 p.m.
from April 10 – May 15

Applicant Information

Date: _____

Child's name: _____

Birth date: ____ / ____ / ____
 day month year

School: _____

Grade: _____

Library card #: _____

Name of parent/guardian: _____

Address: _____

Phone (home): _____ (work): _____

Emergency Contact Information:

Name: _____

Phone: _____ Email: _____

Relationship to child: _____

Availability:

Please note: Reading Buddies is a limited program. All efforts will be made to match your child with a volunteer. We regret that we may not be able to fill all requests.

Please briefly describe why you would like your child to participate in this program, including a description of your child's reading ability and problem areas:





Hobbies/Interests: Tell us a bit about your child to better match them with a reading buddy.

Please acknowledge the following:

- I am applying to have my child join the Bradford West Gwillimbury Public Library Reading Buddies Program.
- I understand that my child will meet with a volunteer assigned to him/her at the Library. The volunteer will have been screened and oriented by the Bradford West Gwillimbury Public Library.
- I understand that all the reading practice sessions are to take place on Library premises and that I am responsible for transporting my child to and from the Library.
- I understand that Bradford West Gwillimbury Public Library staff does not undertake to supervise the reading session and that I must remain in the Library during the reading session.

Child's name: _____ Date: _____

Name of parent/guardian: _____

Signature of parent/guardian: _____

Please return completed applications to the Library by Wednesday, March 27, 2024. Reading Buddies is a limited program based on the availability of volunteers. We regret that we may not be able to fill all requests.

