

Reader Application Form

@ King Township Public Library

Child's Information

Child's Name: _____ Male: _____ Female: _____
 Birthdate: D ___ M ___ Y ___ School: _____ Grade: _____
 Library Card Number: _____

Parent/Guardian Information

Name of Parent/Guardian: _____
 Address: _____

 Phone Number (Home): _____ Work #: _____

Waiver of Liability Signed: YES _____ NO _____

Emergency Contact Information:

In case of emergency, please contact:
 Name: _____ Phone #: _____
 Relationship to the child: _____

READ-ING-BOOKS

Days & Times Preferred: (Please check all that apply)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
3:30—4:30 p.m.					
4—5 p.m.					
4:30—5:30 p.m.					
5—6 p.m.					
5:30—6:30 p.m.					
6—7 p.m.					
6:30—7:30 p.m.					

Time	Saturday
10—11 a.m.	
10:30—11:30 a.m.	
11—12 a.m.	
11:30 a.m.—12:30 p.m.	
12—1 p.m.	
12:30—1:30 p.m.	
1—2 p.m.	
1:30—2:30 p.m.	
2—3 p.m.	

All efforts will be made to match your child with a volunteer. The number of children that can be accepted into the program depends on the number of volunteers available.

Reader Application Form

King Township Public Library

I am applying to have my child join the King Township Public Library Reading Buddies Program. I understand that my child will meet with the same volunteer for an hour on the same day each week for a 10 week session.

The volunteer will be screened by York Regional Police and have successfully completed training provided by King Township Public Libraries.

I understand that all sessions are to take place in the library. Volunteers and students are not to meet outside of the scheduled session time or off the library premises.

I am responsible for transporting my child to and from the library for these scheduled reading sessions.

I understand that King Township Public Library staff do not supervise the reading session other than being in the building.

I agree to notify the volunteer and the library if my child is unable to attend a session, if possible at least a day in advance.

Your contact information will be given to the volunteer so that they may contact you if they are unable to attend a session.

Child's Name: _____

Parent/Guardian's Name: _____

Signature of Parent/Guardian:

Date: _____

All personal information collected on this application will be confidential. Following the last session of Reading Buddies for your child, the application will be destroyed.

READER
GZ-DBB-MS