Kent Public Library Reading Buddies Program
Student Application Fall Session September 10th- December 1st
(Students: Grades 1-4)

Child's name_____ Date _____

Address_____

Email _____

Phone_____ Cell _____ Grade_____

Library Hours Available for Reading Buddies:

Mon (10:30am – 7:30pm)   Tues (10:30am – 7:30pm)   Wed (10:30am -7:30pm)

Thurs (10:30am -4:30pm)   Fri (10:30am -4:30pm)   Sat (10:30am-2:30pm)

Please let us know which times would be convenient for our child to meet with a teen reading buddy, and we will make every effort to find a reading buddy for you child, although we cannot guarantee it.
_____

_____

Parent Permission Form

I give permission for my son/daughter, _____, to meet with a reading buddy once a week. I understand this program is **not** a tutoring program. I will remain in the library during my child's scheduled session. I understand that my child is to display proper behavior at the library. If my child cannot attend a scheduled session, I will notify the Kent Public Library **and** my child's reading buddy at least a **half hour** ahead of our scheduled time. I understand that if there are behavioral problems with my child, my child may be dropped from the program. Kent Public Library will inform me if we are accepted into this program, and will let me know the dates and times of the sessions. In case of inclement weather during the winter months, I will phone the library (845-225-8585) ahead of my son/daughter's session to make sure the library is open.

_____

Please Print Name of Parent or Guardian

_____   _____

Signature of Parent or Guardian   Date