

Children's Application Form

Child's Information

Name _____ Age _____
School _____ Grade _____

Hobbies and Interests

I am really interested in _____
My favourite thing to do after school and on weekends is _____
My favourite book is _____
The last book that I read was _____

Medical Information

List any medical conditions, special needs, allergies (medication, food, etc.) that we should be aware of

Parent/Guardian's Contact Information

Parent/Guardian's Name _____
Address _____
City _____ Postal Code _____
Home phone _____ Cell phone _____
Email _____

I understand that due to demand for this program, this application does not guarantee my children enrollment in the Leading Readers program. Children will be matched with appropriate teen volunteers on a first-come, first-serve basis and parents will be notified. I understand that if I do not confirm my child's enrolment within the time period specified, the spot may be offered to another child waiting.

In the case of enrollment, I agree to bring my child each week. I respect the commitment of the volunteers, and agree to contact the library if my child cannot attend a session. I understand that if my child misses 3 weeks they may be removed from the program.

Parent/Guardian Signature

Date

