

Fall 2007 Little Buddies Application

Return to: Lafayette Public Library, 775 West Baseline Road, Lafayette, CO 80026
Deadline for applications: September 21, 2007

*** Parents of kids currently in grades 1-3 may apply
to have their child matched with an older reading buddy.
Space is limited and buddy assignments will be made on a first-come, first-served basis.***

Please **PRINT** all information clearly

Child's name _____

Age _____ M _____ F _____ Grade in the Fall of 2007 _____

School _____

Parent's name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work/Emergency phone _____

Email address _____

Has your child participated in Reading Buddies at the Lafayette Public Library before?

_____ yes _____ no

*Please tell us what days and times your child will be available to read with a buddy at the Lafayette Public Library. If your child is available both Thursdays and Saturdays, we will pick the day with the most space available. **Your child is expected to attend ALL sessions unless the Reading Buddies coordinator and the Big Buddy are notified in advance.***

____ Thursday afternoons from 4:00 to 5:00, from October 11 through November 29 (no meeting on November 22)

____ Saturday mornings from 10:30 to 11:30, from October 13 through December 1 (no meeting on November 24)

PLEASE CONTINUE ON THE OTHER SIDE ⇒

To help us match the best Big Buddy to your child, please tell us about your child.

Would you prefer your child to have a Big Buddy who is a

_____ boy _____ girl _____ doesn't matter?

In which language will your child practice reading? (subject to availability).

_____ English _____ Both English and Spanish

My child's reading is

_____ below grade level _____ at grade level _____ above grade level _____ not sure

I would like my child to have a Big Buddy because: _____

For each of the following statements, please mark one box based on where you feel your child falls relative to the three characteristics.

My child is: SHY OUTGOING.

My child: FOCUSES ON ONE ACTIVITY AT A TIME LIKES TO BE ENGAGED IN SEVERAL ACTIVITIES AT ONCE.

My child: IS RELUCTANT ABOUT SCHOOL ENJOYS SCHOOL.

My child's interests: _____

What else would you like us to know about your child? _____

Please initial and sign the following statement:

_____ I have read the Reading Buddies *Information for Parents*.

_____ I am aware of the dates and requirements of the program, and I agree to help my child participate fully in program, to the best of my ability.

Signature of parent _____ Date _____