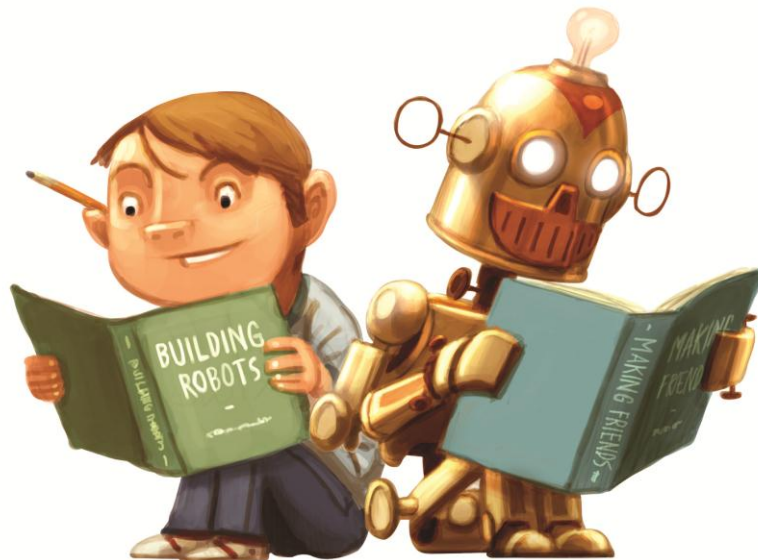




209 NW 4th 785-263-1303

Reading Buddies Program



May 27 through June 27

Congratulations

has been nominated to take part in the Reading Buddy Project-- a literacy program—which will take place at the Abilene Public Library during the summer. There is no cost but a commitment is necessary.

Register by May 3, 2014

Reading Buddies Program Little Buddy Application Form



My Name _____

My Address _____

My Phone # _____ Alternative phone # _____

What I like, am interested in, or want to learn about:

I agree that I will

*meet with my Reading Buddy every week for 60 minutes from May 27 until June 27

*tell the Reading Buddy Coordinator as soon as possible if I cannot come

*have fun!!

Little Buddy Signature _____ Date _____

Parental/Guardian Permission Form

I give permission for _____ to meet with a Reading Buddy in the Children and Teen Services area at the Abilene Public Library. I understand that the program will begin May 27 and run every week until June 27 and that the sessions are 60 minutes in length. I understand that my child will reading, playing games, and doing science experiments throughout the program.

Signature of parent/guardian

Date

Preferred Time	10 A.M.	2 P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Preferred Time to meet:

Please mark a 1st, 2nd, and 3rd choice on the chart that will work best for you and your child. The Reading Buddy Coordinator will call to finalize dates and times of sessions.



209 NW 4th ; 263-1303

Register by May 3, 2014.