

**Rolla Public Library**  
**Reading Buddies**  
**Little Buddy Application**

Child's Name: \_\_\_\_\_ Grade Level and School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like my child to attend because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sessions will be held biweekly for the chosen day. Exact dates will be shared with you when your child is placed in the program. Please select the day/time you would like to sign up for:

- Thursday 4:05-4:35 pm
- Thursday 4:45-5:15 pm
- Saturday 10:05-10:35 am
- Saturday 10:45-11:15 am

What language does your child speak at home? \_\_\_\_\_

My child's reading is:

- Below grade level
- At grade level
- Not sure

My child is:

- Quiet
- Outgoing
- Somewhere in between quiet and outgoing

My child's favorite books are: \_\_\_\_\_

\_\_\_\_\_  
Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please check beside after reading the following:

- I am aware of the dates and requirements of this program and am committed to **my child attending each session during the 3-month period**. I agree to **notify the library two days beforehand** (if possible) if my child is unable to attend a session.
- I understand that if my child misses more than 2 sessions, they will be removed from the program and need to reapply for the next 3-month session (barring reasonable exceptions)
- I agree to help my child participate fully in this program to the best of my ability, which includes **making sure that my child is on time**. I understand that if my child is late to a session, my child's teen buddy may be assigned to a different child for that session.
- I am aware that I **must remain in the library** during my child's reading buddy session.
- I know that submitting this form does **not guarantee** placement in the reading buddies program, and that placement may be based on a lottery system and teen buddy availability.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Rolla Public Library may take pictures during the program. These pictures are only used for promotional materials, social media marketing, etc. **If you consent** to your child's photo being taken during the program **please sign below**. Note that not signing does **not** affect your child's possible placement in the reading buddies program.

Photo Release/Consent

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application to **rmaples@rollapubliclibrary.org** or drop off at the circulation desk in the Rolla Public Library.