Little Buddy Interest Form

Children in grades K-2 may apply.

Reading Buddies: January 29-March 6

APPLICATIONS ARE DUE December 9, 2022

Please print clearly.

Child's first and last name: _____

Child's preferred name:_____

Pronouns: _____

School: _____

Age (on first date of program): _____ Grade (on first date of program): _____

Parent/Guardian's name: _____

Phone: _____ Email: _____

*We will use this email address for Reading Buddies notifications. We will use your phone number to contact you about attendance.

Street address: _____

City: _____ State/Zip: _____

What language(s) does your child speak at home: _____

Preferred gender of Big Buddy (Subject to availability): _____

or select: ___ Doesn't matter

Please initial the program dates your child can attend. If they will not be able to attend a date, DO NOT initial that date. Little Buddies must be able to attend 4 sessions to be eligible to participate (preferably all).

Day and date	**Time**	**Initial if you can attend**
Sunday, January 29	3:30-4:30	
Sunday, February 5	3:30-4:30	
Sunday, February 12	3:30-4:30	
Sunday, February 19	3:30-4:30	
Sunday, February 26	3:30-4:30	
Sunday, March 5	3:30-4:30	

The following does not affect your child's opportunity to participate in the program, but it helps the Big Buddy get to know them.

My child's reading level is:

	Below grade level
	At grade level
	Above grade level
	Not sure

If you participated in the previous session of Reading Buddies at the Louisville Public Library:

	I would like my child to have the same buddy as the previous session.
	I would like a different buddy for my child.

(Your answer is not held against your application in any way)

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

_____

My child's interests: _____

_____

My child's favorite books: _____

_____

For each of the following statements, please mark <u>one</u> 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 multiple things

My child is reluctant about school…						…enjoys school

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

_____

Parent/Guardian: Please initial the following statements and sign below:

_____ I am aware of the dates and requirements of the program, and I agree to notify the Reading Buddies Coordinators (louisvillereadingbuddies@gmail.com) if my child is unable to attend a session.

_____ I agree to help my child participate fully in the program to the best of my ability, including making sure that they arrive on time at the beginning of each session (otherwise their Big Buddy may be assigned to a different child for that day).

_____ I understand that I must stay in the library during the program.

Signature of parent/guardian: _____ Date: _____

PLACEMENT INFORMATION

Little Buddies are placed on a first-come, first-served basis. Program capacity depends partly on how many Big Buddies and Little Buddies apply.

You will be notified about your status in the program by email on or before January 13, 2023.

_____ Check here if you would like to subscribe to notifications about the next session of Reading Buddies and provide the email address here:

Email: _____

_____Cut here and save the info below_____

ABOUT US

For questions regarding the Reading Buddies program or attendance, please contact the Reading Buddies Coordinators at louisvillereadingbuddies@gmail.com. The Reading Buddies Coordinators are teen volunteers with prior experience and expertise in running the Reading Buddies program.

For questions regarding forms, applications, and policies, please contact Lindsay Huth, Children's Librarian and volunteer coordinator at childrensreference@louisvilleco.gov.