

# KID READING BUDDIES APPLICATION

Complete Entire Application and Return

## Reading Buddies at the Jackson Branch

Session #1: June 26 – July 19 Session #2: July 24 – August 16

For children going into grades 1-4

### Scheduling

Please select one:

Reading Buddies only  Math Buddies only  Both

**Please circle your 1st and 2nd choices.** There will be 2 sessions; each session will be 4 weeks long. If registration allows, you may sign your child up for a second session.

#### SESSION 1

**Tuesdays** 10:30am 11:00am 11:30am 3:00pm 3:30pm 4:00pm  
(6/26, 7/3, 7/10, 7/17)

**Wednesdays\*** 9:30am 10:00am 10:30am 11:00am 11:30am  
2:00pm 2:30pm 3:00pm 3:30pm 4:00pm  
(6/27, 7/2\*, 7/11, 7/18)

**Thursdays** 9:30am 10:00am 10:30am 11:00am 11:30am  
2:00pm 2:30pm 3:00pm 3:30pm 4:00pm  
(6/28, 7/5, 7/12, 7/19)

\*Due to the 7/4 holiday, the make up date is Monday, July 2nd.

#### SESSION 2

**Tuesdays** 1:30pm 2:00pm 2:30pm 6:00pm 6:30pm 7:00pm  
(7/24, 7/31, 8/7, 8/14)

**Wednesdays** 12:30pm 1:00pm 1:30pm 2:00pm 2:30pm  
5:00pm 5:30pm 6:00pm 6:30pm 7:00pm  
(7/25, 8/1, 8/8, 8/15)

**Thursdays** 12:30pm 1:00pm 1:30pm 2:00pm 2:30pm  
5:00pm 5:30pm 6:00pm 6:30pm 7:00pm  
(7/26, 8/2, 8/9, 8/16)

Yes! My child will sign up for the Summer Read Program.

Yes! I agree to call in advance if unable to attend a session.

Please list any dates that you would not be able to attend.

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Please list names of those you need to be scheduled with for carpooling.

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Teen and Reading Buddies must complete a minimum of 4 sessions to complete the program.

### Questions?

Call 732-928-4400, option 6

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address/Town/Zip \_\_\_\_\_

School \_\_\_\_\_ Grade in September '18 \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent/Guardian Cell \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

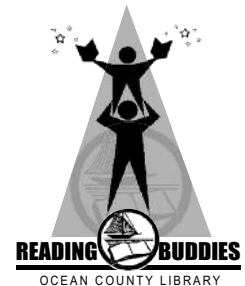
### By joining the Reading Buddies Program at the Ocean County Library my child and I agree to:

- Support the volunteer efforts of the teen buddy assigned to my child.
- Bring my child to all scheduled sessions and remain available in the library building.
- Not exchange phone numbers or email with the teen buddy.
- Attend all scheduled sessions unless I call in advance to cancel.

I hereby grant my permission for my child/charge to participate in the Reading Buddies program at the Ocean County Library.

I hereby grant my permission for the Ocean County Library to use images of my child for purposes of publicizing the library's program.

\_\_\_\_\_  
Parent or Guardian's Signature



**Drop off your application form to the Jackson Branch.**

Ocean County Library  
Jackson Branch  
2 Jackson Drive  
Jackson, NJ 08527