

Beekman Library
Student Reading Buddy Application Summer 2022
Please return this application to Miss Pauline in the Children's Room

Student's Name _____

Street Address _____

City _____ Zip Code _____

School _____ Age / Grade _____

Phone (home & cell) _____

E-Mail Address (PLEASE WRITE CLEARLY): _____

AVAILABILITY: Circle all that apply. Your child will be assigned a ½ hour time slot within this time frame.

Mon (10:30am-4:30pm)	Tues (10:30am-6:30pm)	Wed (10:30am-6:30pm)
Thurs (10:30am-6:30pm)	Fri (10:30am-4:30pm)	Sat (10:30am-3:30pm)

Applicants will be notified of your scheduled day/time as soon as the teams have been finalized.

PARENTAL PERMISSION FORM

I give permission for my son/daughter _____ to meet with a Reading Buddy at the Beekman Library, 11 Town Center Blvd, Poughquag, NY once a week. I understand that the program will begin the week beginning ***July 11th and run through the week ending August 20th.***

This program helps teens develop job skills for teens. In addition to letting us know if they are unable to make a scheduled session, we ask our teen volunteers to contact you directly as well. If you cannot make it to the program, please let **them** know. Teen volunteers often get transportation from their parents. We want to avoid having teens arrive and not having their young buddy attend. Please let them know **at least** ½ hour before the scheduled session.

I understand that this program is not a tutoring program. ***I will remain in the library during my child's scheduled session.***

I understand that my child is to display proper behavior at the library.

Signature: _____ Date: _____

Parents Name (PRINT CLEARLY): _____

This program is free of charge. Funded in part by the NYS Office of Children and Family Services & Dutchess County Division of Youth Services.