



**Spring 2012 Little Buddy Application**  
**Application deadline: February 24<sup>th</sup>, 2012. Please return to:**  
**The Avon Public Library PO BOX 977 Avon, CO 81620**

Parents/Caregivers may register their child in grades 1-3. Upon receipt of a completed application, a Big Buddy will be assigned to your son/daughter. Priority will be given to Eagle County residents and children attending Eagle County Schools.

Please **Print** clearly a response in each field.

Child's Name \_\_\_\_\_ boy \_\_\_\_\_ girl \_\_\_\_\_

Age \_\_\_\_\_ Grade entered/Fall 2012 \_\_\_\_\_ School \_\_\_\_\_

Address (mailing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Parent/ \_\_\_\_\_ Home phone \_\_\_\_\_

Cell/Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Reading Buddies will meet the following dates and times: Wednesday, February 29-April 11<sup>th</sup>  
From **4:15-5:15**

Please list any date your child may not be able to attend: \_\_\_\_\_

Please list any food allergies: \_\_\_\_\_

I would like a Reading Buddy for my child because: \_\_\_\_\_

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Please help us to choose the best Reading Buddy for your son/daughter by answering the following:

List all languages spoken by your child: \_\_\_\_\_

In which language would you prefer your child practice his/her reading skills? It is possible that we may have Big Buddy volunteers that speak and read both Spanish and English

\_\_\_\_\_ English

\_\_\_\_\_ English and Spanish

My child's reading level is:

\_\_\_\_\_ below grade level

\_\_\_\_\_ grade level

\_\_\_\_\_ above grade level

For each of the following characteristics, please indicate the box which best describes the personality of your child:

My son/daughter is: SHY      OUTGOING

My son/daughter: CAN FOCUS ON ONLY      A SINGLE TASK IS A MULTI-TASKER

My son/daughter: DOES NOT LIKE      ATTENDING SCHOOL ENJOYS SCHOOL VERY MUCH

My son/daughter: DOES NOT LIKE      TO READ ENJOYS READING

My child is interested in: \_\_\_\_\_

My child likes books about: \_\_\_\_\_

What more should we know about your child? \_\_\_\_\_

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Please initial the following and sign this agreement:

\_\_\_\_\_ I have read all *of the parent information* for the reading Buddies program

\_\_\_\_\_ I am aware of all meeting dates of attendance policy, and promise to notify the coordinator of any unforeseen absences.

\_\_\_\_\_ I promise to help my child to participate and be successful in this program

\_\_\_\_\_ **Eagle Valley Library District Photo Release Form**

I, (print name) \_\_\_\_\_ give Eagle Valley Library District the absolute right and permission to use photograph(s) of me in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., DVD, video, Internet) or other form of promotion or information. I hereby release and discharge the Eagle Valley Library District from all and any claims and demands ensuing from or in connection with the use of the photographs.

I acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Print name \_\_\_\_\_

Signature for release \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

**For persons under the age of 18**, the permission of a parent or guardian is required on this Photo Release Form.

I hereby grant permission to the Eagle Valley Library District to use the photograph of my child as outlined above.

NAME OF CHILD UNDER 18: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_