

VALLEY OF THE TETONS LIBRARY APPLICATION FOR **LITTLE BUDDY**



Child's Name: _____

Child's Preferred Name: _____

Age: _____ Gender _____ Grade (Summer 2022) _____

School: _____

Parent/guardian's name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Which way would you prefer the library to contact you? (Check one) Cell Phone

Email _____

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

For each of the following statements, please circle one box based on where you feel your child falls relative to the three characteristics.

My child is: *SHY *OUTGOING

My child: *RELUCTANT ABOUT READING *ENJOYS READING

My child's reading level: _____

My child's favorite books: _____

What else would you like us to know about your child?

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 Library if my child is unable to attend a session.

_____ I agree to help my child participate fully in this program to the best of my ability, including making sure that she/he arrives on time at the beginning of each session

*Parents/Caregivers must stay in the library during Reading Buddies. Please call Victor library at 208-787-2201 if you'd like more information on this policy. Or email r.stanger@votlib.org (208-313-4590)

Signature of parent/guardian: _____ Date: _____



Victor: 56 North Main Street, 787-2201, email victor@valleyofthetetonlibrary.org
Driggs: 79 North Main Street, 354-5522, email driggs@valleyofthetetonlibrary.org
Visit us online www.votlib.org or follow us on  