

Children's Reading Support

Participant Application Form



Halifax Public
Libraries

Child's Information

Name _____ Age _____

School _____ Grade _____

What language(s) does your child speak?

In what area of study does your child require tutoring? (e.g. Reading, Math, Science, etc.)

Does your child have any medical information we need to be aware of? (e.g. allergies, accessibility needs, conditions etc.)

Program Selection

Halifax North Memorial Public Library

Tuesdays

3:00 - 3:45pm

4:00 - 4:45pm

Wednesdays

3:30 - 4:15pm

4:30 - 5:15pm

Send to: nandl@halifax.ca

Sackville Public Library

Tuesdays

3:00 - 3:45pm

4:00 - 4:45pm

Send to: drewe@halifax.ca

Parent/Guardian Contact Information

Name _____

Address _____

Phone (daytime) _____ (evening) _____

E-mail _____

Statement of Commitment

I understand that Reading Support requires a commitment, and agree to bring my child each week. I recognize the commitment that a volunteer is making to my child and agree to contact the library before the program if my child cannot attend due to illness or other serious matters. I understand that if my child misses three weeks of the program he/she may be removed from the program for the remainder of the session.

Name of Parent/Guardian _____ Date: _____

Signature _____