



WESTCHESTER PUBLIC LIBRARY

Reading Mentor Program Student Registration Form Children in Grades K-12

Student's Name: _____

Mother's First Name: _____

Father's First Name: _____

Mother's Last Name: _____

Father's Last Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Student's Name: _____ Birthdate: _____

Grade: _____ School: _____ Teacher: _____

Branch (circle one): Thomas or Hageman Preferred Weekday: _____

Mentor Preference (circle one): Female Male 1st Available

What are your child's reading goals?

Is English your child's primary language? Yes or No
If not, what is the child's primary language? _____

Does your child have any special needs you would like us to know about and that may be helpful for a mentor to be aware of?

I, the undersigned parent/legal guardian of _____ (print first and last name of child) permit my child to participate in the Westchester Public Library Reading Mentor Program and understand that my child will be mentored by a volunteer reading mentor. I grant authorization for the assigned mentor or representative of this program to contact me regarding my child's reading development and other matters pertaining to this program.

Parent/Guardian Signature: _____ Date: _____