



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 which may be helpful for a mentor to be aware of?

Please note that our Reading Mentors are community volunteers who may not have any special education training

Is your child able to independently participate in 30-minute reading mentor sessions? Yes or No

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: _____