

WESTCHESTER PUBLIC LIBRARY
READING TUTOR PROGRAM

Children Pre-K through 12th grade

Student Registration Form for

Student's Name (last, first): _____

Dear Parent and/or Guardian,

You have expressed interest in the Westchester Public Library Reading Tutor Program. Please complete the information below in order to enroll your child for consideration into this program.

Mother's Last Name: _____

Father's Last Name: _____

Mother's First Name: _____

Father's First Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Student's Name: _____ Birth Date: _____

Grade: _____ School: _____ Teacher: _____

Branch : THOMAS or HAGEMAN Day/Time: _____
(Circle one)

Tutor Preference: Female Male 1st Available
(Circle one)

What are your child's reading goals? _____

Is English your child's first language? Yes or No If no, what is the child's first language? _____

Has your child been diagnosed with any disability you may disclose to help us better assist or match them with a tutor?

I, the undersigned parent(s)/legal guardian of _____ (please print first and last name of minor child) have voluntarily signed said child up to participate in the Westchester Public Library Reading Tutoring Program and, hereby grant permission for said child to be tutored by a volunteer reading tutor. I also grant authorization for the assigned tutor or representative of this program to contact the undersigned and the child's teacher(s) concerning said child's reading development for matters pertaining to my child's involvement in this program.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Date