

Reading Buddies Program
LITTLE BUDDY Information Sheet

Dear Parent:

Thank you for registering your child with the Mission Reading Buddies program.

- Your child must be a struggling reader in Grade 1 - 4 to participate in this program.
- Reading Buddies runs each year September through June.
- Your child will be matched with a high school student volunteer or an adult volunteer if a volunteer is available.
- PLEASE INDICATE AS MANY TIMES YOU COULD BE AVAILABLE. The more times you are available the easier it is to match you with a volunteer.
- The program coordinator will call and tell you the volunteer's name and the meeting time and day.
- The volunteer (Big Buddy) and your child (Little Buddy) will meet to read in the Mission Library.
- They will meet for one hour, once a week, at the same time and day each week.
- Please make sure your child arrives at the library on time and that their Big Buddy is in attendance when you drop them off.
- Children must be picked up promptly and cannot be left unattended in the library at any time.
- If your child is unable to come to the library please call their Big Buddy. If you cannot reach the Big Buddy call Mission Library at 604 - 826 - 6610, to leave a message.

Reading Buddies Program - LITTLE BUDDY Application
 Mission Literacy in Motion & Mission Public Library & CanWest Raise a Reader

Date: _____

Child's Name: _____

Birthdate: _____ Age: _____

Female: _____ Male: _____

School: _____ Grade: _____

Home Address: _____

Postal Code: _____ Email: _____

Parent's Name: _____

Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Please indicate as many times as you could be available to meet with a Big Buddy. The greater your availability the more likely you will be matched with a Buddy.

	Monday	Tuesday	Wednesday	Thursday	Friday
3:00-4:00					
3:30-4:30					
4:00-5:00					
4:30-5:30					Closed
5:00-6:00					Closed
5:30-6:30					Closed
6:00-7:00					Closed
6:30-7:30					Closed
7:00-8:00					Closed
Saturday	between 10 a.m.-4:00 p.m.				
Sunday	between 1:00 p.m.-4:00 p.m.				

Photo Release:

I give the Reading Buddies Program permission to use photos of my child taking part in the program for promotional purposes. Yes: _____ No: _____.

Mission Literacy in Motion

Reading Buddies

Little Buddies Parental Consent Form

Date: _____

My consent is given for my child _____

(please print name)

to meet in the Mission Library at a scheduled time for one hour,
once a week with a student or adult volunteer to participate in
Mission Literacy in Motion's Reading Buddy Program

Parent/Guardian Signature(s)

Photo Release:

I give Mission Literacy in Motion's Reading Buddies Program
permission to use photos of my child participating in the program
for promotional purposes. Yes No

Parent/Guardian Signature(s)