



Book Buddies – Little Buddy Parent Permission Form

Child's Name: _____

What grade will your child be in during the 2017-2018 school year? _____

ATTENTION PARENT: This form must be printed, signed and dated. Please drop off at the 2nd floor Youth Services Desk to the attention of Cheryl Gladfelter by June 30th 2017.

I understand that my child will meet at the Des Plaines Public Library with his or her buddy for 30 minutes at the scheduled time. I will bring my child to the assigned location to meet their buddy, and I will pick up my child promptly at the end of each session. If we are unable to attend at the last minute, I will call the supervising librarian with as much notice as possible.

Please print.

Parent First Name: _____

Parent Last Name: _____

Parent Contact Number: _____

Parent Signature: _____

Date: _____

Parents, please be aware that volunteers have feelings too!

Our volunteers are taking time out of their summer to read with your child. We need to know that you will make your BOOK BUDDIES appointments a priority this summer. Space in this program is limited, so we expect that the children who are able to get in will participate fully.

If you agree with this, please initial here: _____