

Book Buddies

Kid Sign Up Sheet Grades 1-5

Practice your reading skills. Be paired up with a
Teen Book Buddy and read to them.

Name: _____
Address: _____
Phone #: _____
School: _____ Grade in Fall: _____

Parent's Signature _____

Date _____

Which session would you like to sign up for? Please mark 1, 2, or 3
for your preferences (1 is most wanted).

Mondays at 7pm _____
Wednesdays at 7pm _____
Fridays at 4pm _____
Saturdays at 10am _____



We will contact you when we have a Book Buddy for you.
Save this bottom part of the paper for information and to write down your
Book Buddy information when we contact you. Sessions begin October 1st.
You are invited to an orientation 30 minutes before your first session.

Be sure to let us know when you are done with the program so we can find a
new partner for your book buddy. If you miss two sessions without giving
warning we will need to give your spot to someone waiting for a buddy.

Day Given: _____ Buddy's Name: _____

Parents must remain in the building during Book Buddies sessions.



Old Bridge Public Library
Central Branch
One Old Bridge Plaza,
Municipal Center
Route 516 and Cottrell Road
(732) 721-5600 ext 5028
www.oldbridgelibrary.org
This program sponsored by the
Old Bridge Library