



LITTLE BUDDY Application
Available to emerging readers, grades 1-4

Date: _____

Child's Name: _____

Home Address: _____

PARENT Email Address: _____

Birthdate: _____ Age: _____ Grade: _____

Is your child a struggling reader? Y/N

School: _____

Parent's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Please indicate as many times you ARE available to meet with a Big Buddy. The more availability you have, the more likely you are to be matched with a Big Buddy.

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

Sunday	between 1:00 p.m - 4:00 p.m		
--------	-----------------------------	--	--

Once your application is collected, you will receive an email with further information. If you have any questions, please email readingbuddyinmission@gmail.com