



CHILD'S INFORMATION

Name: Birthdate (D/M/Y):

Library Card Number: Gender:

School: Grade: Phone #:

Address:

PARENT/GUARDIAN'S INFORMATION

Name: Phone #:

Address:

eMail: Liability Waiver Signed: Yes No

EMERGENCY CONTACT INFORMATION

Name: Home #:

Relationship to the child: Cell #:

Preferred branch location?

- King City
 Nobleton
 Schomberg
 Ansnorveldt

PREFERRED DAYS & TIMES: (PLEASE CHECK ALL THAT APPLY)

	PREFERRED DAYS & TIMES: (PLEASE CHECK ALL THAT APPLY)					Time	Saturday
Time	Monday	Tuesday	Wednesday	Thursdays	Friday		
3:30-4:30pm						10-11am	
4-5pm						10:30-11:30am	
4:30-5:30pm						11am-12pm	
5-6pm						11:30am-12:30pm	
5:30-6:30pm						12-1pm	
6-7pm						12:30-1:30pm	
6:30-7:30pm						1-2pm	
						1:30-2:30pm	
						2-3pm	

I am applying to have my child join the King Township Public Library Math Buddies Program. I understand that my child (Grade 1-4) will meet with a designated volunteer for 1 hour on the scheduled day each week for a 10-week session.

Volunteers over the age of 18 have successfully completed a positive Vulnerable Sector Screening by the York Regional Police. All volunteers have received the necessary training to support the Math Buddies Program.

I understand that all sessions are ONLY to take place at the agreed upon preferred branch location. I am responsible for transporting my child to and from the Library for these scheduled math sessions.

I understand that King Township Public Library staff is not responsible for supervising my child.

I agree to immediately notify the volunteer and the Library if my child is unable to attend a session (if possible at least a day in advance) with as much notice as possible. Therefore, I understand that my contact information will be shared with the designated volunteer to facilitate communication.

The Library reserves the right to manage the pairings, including reassigning and/or dissolving the pairings at any point, as deemed necessary. All participants in the Math Buddies Program are expected to abide by the Library's Code of Conduct.

Parent/Guardian's Name:

Signature of Parent/Guardian:

Date:

At the conclusion of Math Buddies program, all personal information collected on this application will be destroyed.

If you require more information, please contact:

mathbuddies@kinglibrary.ca
905-833-5101

