

BabyRead® Sign Up Form

Place/Event: _____

Date: _____

Caregiver's Name _____ Relationship _____ Phone _____

Address (Town) _____ EMAIL _____

Baby's Birthdate _____ Sex: F / M Name: _____ Relationship _____

Screened, trained readers meet twice a month in public places like town libraries with the child and mom/caregiver. Readers provide free age-appropriate books and snacks at each meeting (two free books a month). Families are eligible to receive a reading incentive ALDI gift card for reading to their child 20 times per month.

Are you interesting in our program? Y / N

Do you work? Y / N Every day? Y / N Hours _____ Days Off _____

(If working, how are you going to fit in BabyRead in person reading sessions?)

COVID: Reader Preference: ___ Vaccinated ___ No Preference Parent Vaccinated? Y N Planned Had COVID/Exposed?

Note: If they say they need age-appropriate books, tell them about the DPL, the 200 hardboard baby books each at Seneca and Walhalla libraries and thrift stores etc.

Preferred Reader/Family Session Time: ___ Morning (9 – 12) ___ Afternoon (12-4) ___ Late Afternoon (4 – 5:30)

Where? Town library (Name) _____

Other children: Name, sex (M/F), age (1) _____ F / M Birthdate _____
(birthdate) (2) _____ F / M Birthdate _____
(3) _____ F / M Birthdate _____

Text document to Shelly Barber, 864-256-7010; or scan to shellybarberpt@gmail.com

(v 16; 7.16. 2023)