

High Meadows Library

Little Buddy Application (K – 3rd Grades or Ages 5 – 8)

PLEASE RETURN application by **2/5/2025** to High Meadows Library.

Registration is decided by a random drawing, though priority is given to children who have not participated in the program before.

You will be contacted if your child is selected.



Child's Name (please print): _____

Date of Birth: _____ / _____ / _____ Age: _____ Grade: _____

School Name: _____

Parent/Guardian's Name (please print): _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: Same as above Other: _____

Book Buddies is a 10-week commitment. It meets on Wednesdays from 4:30 PM to 5:15 PM on the 10 dates below. PLEASE CIRCLE any date your child **cannot attend. In order to respect our Big Buddy Volunteers' time, if your child misses a reading session without notifying the branch coordinator, their Big Buddy may be reassigned to another child on the waiting list.**

2/19 2/26 3/5 3/19 3/26 4/2 4/9 4/16 4/23 4/30

Why do you want your child to participate in Book Buddies? _____

My child's favorite book(s): _____

My child's interests and hobbies: _____

What language(s) does your child speak at home? _____

How did you first hear about Book Buddies? Please select ONE: HCPL website Library branch

Nextdoor Facebook School Other: _____

Has your child participated in Book Buddies before? Yes: _____ No: _____

I am aware of the dates and time of the program, and I give permission for my child to be a part of Book Buddies. I understand that I am to remain in the library during the program.

Signature: _____

Date: _____

High Meadows Library
4500 Aldine Mail Rt Rd
832-927-5540

PLEASE TURN OVER



Release of Photograph and/or Name

Consent for publication of my name, likeness, image, photograph, videotape, film, and statement.

I give consent to Harris County, the Harris County Public Library Director (“the Library Director”), and their agents to photograph, film, or videotape me or my child, and to use photos, digital reproductions, films, or videotapes with or without my or my child’s name, and to quote or record statements from me or my child for promotions, advertisements, publicity, and other purpose including flyers, newspapers, and websites.

I grant Harris County, the Library Director, and their agents all rights to reproduce, edit, mix, distribute, and display publicly, including on the Internet, photographs, film, videotape, and statements, and to prepare derivative works. Harris County is not responsible for unauthorized duplication or use by third parties including on the Internet. Harris County has no financial commitment to me as a result of this consent and release. I expressly waive, release, and discharge Harris County, the Harris County Public Library, and their directors, officers, employees, agents, and volunteers from all claims, causes of actions, and demands that I or my child may have against them arising from publication of my or my child’s name, likeness, or statement. This release is valid until revoked and applies to multiple times and uses. Harris County has no liability for any use made before the Library Director receives my written revocation.

Full Name: _____

Signature: _____

Date _____ Phone Number: _____

If you are under age 18, a parent or legal guardian must sign below.

I hereby certify that I am the parent or legal guardian of the person named above and I give my consent on behalf of him or her.

Signature of Parent or Guardian: _____

Print Name: _____

Date _____ Phone Number: _____

Thank you for visiting this branch of the Harris County Public Library.
We look forward to seeing you again soon.