



## ***Leading to Reading* Reader Parent Information 2016 Program Year**

Thank you for joining *Leading to Reading*! We are so happy that you and your child have decided to take part! Here are some important things to know about the program.

- *Leading to Reading* was created to join teens and children together to promote both mentorship and a love for reading. **Teens, grades 8-12, are referred to as Leaders and the children, grades 1-4, are Readers.**
- Each *Leading to Reading* session will consist of fun literacy games as well as reading quality literature suited to your child's interest and general reading level and age.
- The program emphasizes making reading fun! Leaders will be trained in skills to teach literacy and directed to popular, quality literature for their Reader's age group. No formal reading assessment procedures will be used since reading skills are assessed at school. Comments and/or background information from teachers are welcome and can be emailed to kwahl@fortsask.ca.
- All sessions will take place at the Fort Saskatchewan Public Library, 10011 – 102 Street, Fort Saskatchewan.
- Sessions will occur **Tuesdays beginning October 11, 2016** and ending **December 6, 2016**. There will be no program on Tuesday, November 15<sup>th</sup> due to Fall Break.
- Sessions are from **4:00pm to 4:45pm**. Please arrive on time to maximize your child's benefit from the program. Parents must pick their children up on time. Failure to do so may result in dismissal from the program.
- Parents are allowed to leave the building during the program, but please keep in mind that sessions are only 45 minutes and late pickups are not permitted. Parents may remain at the Library; however we encourage you to use another area of the facility to maximize the comfort of your child's Leader.
- Parents are required to sign in and sign out their children. Children will not be released to anyone that is not indicated on the following form as authorized to pick up.

If you have any questions please call:

**Kristi Wahl**

**Youth and Family Coordinator**

**FCSS and the City of Fort Saskatchewan**

**780.992.6265**



## ***Leading to Reading Reader Parent Consent Form*** **2016 Program Year**

Please fill out the following information sheet and return to the **Public Library**.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Child's First Name Last Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Is your child's teacher aware that your son/daughter is taking part in the program? Circle Y/N

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/Province Postal Code

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Please note that most communication will be conducted via email)

Emergency Contact: \_\_\_\_\_  
Name Phone number Relationship

**In addition to yourself, please list one other person that is authorized to pick up your child:**

\_\_\_\_\_  
Name Phone number Relationship

**Please answer these questions as completely as possible:**

What is it about this program that interests you?

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What is your child's typical response to reading?

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What are your hopes for your child's experience in the program?

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Does your child have any allergies or medical conditions of which we should be aware?

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**SIGNATURES ARE REQUIRED FOR THE FOLLOWING SECTIONS IN  
ORDER FOR THIS APPLICATION TO BE CONSIDERED.**

**1. Parent Declaration**

I acknowledge the importance of my full commitment to the *Leading to Reading* Program as my child's Reading Partner is depending on my child's attendance. Reading sessions will occur **TUESDAYS from 4:00 to 4:45pm at the Public Library**. I have read the attached description of the *Leading to Reading* Program. I am aware that I am responsible for transporting my son/daughter to and from the program. I will drop my child off and pick my child up at the designated times. I understand that repeated late drop offs or pickups may jeopardize my child's participation in the program. By signing this application form I give my approval for her/him to be involved in this program.

If you have any questions please contact Kristi Wahl at 780.992.6265.

Please acknowledge that you have completed this form as accurately as possible and agree to the expectation of the *Leading to Reading* Program.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**2. Photo/Media Release**

From time to time, printed stories, photographs and or video footage are taken by the City of Fort Saskatchewan/Fort Saskatchewan Public Library *Leading to Reading* Program Coordinators or media. These stories, photographs/video footage may be included in City of Fort Saskatchewan/Fort Saskatchewan Public Library archives, or used as gifts for Leaders and Reading Partners. Particularly aesthetically pleasing photos, stories or video that capture the essence of the program may be used for publicity, training and public relations. I do hereby give the City of Fort Saskatchewan/Fort Saskatchewan Public Library and media sources permission to take pictures of my child while participating in the *Leading to Reading* Program for the purpose of advertising, promotion and publicity campaigns.

☐ Yes   ☐ No

I acknowledge that there will be no compensation for the use of these photographs, videos or stories and release the City of Fort Saskatchewan/Fort Saskatchewan Public Library and its agents of any liability resulting from the use of same.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**3. Assumption of Risks – PLEASE READ CAREFULLY!**

Name of Child (Print): \_\_\_\_\_

Name of Parent (s) (Print): \_\_\_\_\_

In connection with my child's application to participate in the *Leading to Reading* Program, offered by the City of Fort Saskatchewan/Fort Saskatchewan Public Library, wherein my child will attend the Fort Saskatchewan Public Library, I confirm that I am aware of the risks associated with my child's participation in the *Leading to Reading* Program, including but not limited to:

- (a) My child will be supervised by a youth Leader (Reading Partner), as part of the buddy system upon which the *Leading to Reading* Program is structured, as well as one Program Coordinator. My child will be involved in reading and reading related activities that could involve physical activity.

- (b) The facilities at which the *Leading to Reading* Program will be carried out are not under the control of the personnel of the City of Fort Saskatchewan. The Fort Saskatchewan Public Library is a public space accessed by individuals not associated with the *Leading to Reading* Program while the program is in session.

#### 4. WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of my above named child to participate in the *Leading to Reading* Program as offered by the City of Fort Saskatchewan/Fort Saskatchewan Public Library, I hereby:

1. **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the City of Fort Saskatchewan/Fort Saskatchewan Public Library as a result of my participation in the *Leading to Reading* Program, regardless of such risks being caused by the negligence of the City or Library;
2. **RELEASE the City of Fort Saskatchewan/Fort Saskatchewan Public Library** from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the *Leading to Reading* Program due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the Occupiers' Liability Act.
3. **HOLD HARMLESS AND INDEMNIFY the City of Fort Saskatchewan/Fort Saskatchewan Public Library** from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my child's participation in the *Leading to Reading* Program.
4. This registration shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND THAT I HAVE EXECUTED THIS REGISTRATION VOLUNTARILY.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_

WITNESS: \_\_\_\_\_

This registration must be completed in full (without any alterations), signed, dated and witnessed before the child may utilize the City of Fort Saskatchewan/Fort Saskatchewan Public Library *Leading to Reading* Program.

#### **PRIVACY STATEMENT**

The City of Fort Saskatchewan respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We use your personal information to keep you informed regarding our activities, and for acknowledgement in *Leading to Reading* materials. If at any time you wish to be removed from these contacts, call 780.992.6265 or email kwahl@fortsask.ca and we will gladly accommodate your request.

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy act and will be used to record attendees and establish a contact list. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the City of Fort Saskatchewan FOIP Coordinator at 780-992-6236; 10005 – 102 Street, Fort Saskatchewan, Alberta, T8L 2C5.