



LOL Book Club Enrollment Form

Recommending Agency Name: _____

PLEASE PRINT:

Parent first name _____ Parent last name _____

Address _____ Apt # _____

City, State _____ Zip Code _____

Telephone _____

Language preference English Spanish Other (please specify) _____

Language(s) spoken at home _____

Children's names (include prenatal children)	Date of birth	Male/Female
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Participation in this program requires a commitment from a parent to read aloud at least once a day to the children that receive free books. Is parent willing to make this commitment? **Circle one: yes no**

I authorize _____ (agency name) to share my contact information with Love of Learning.

Parent's signature

Date

Agency staff contact name (print/sign)

Staff email

Please return to Love of Learning: info@loveoflearninginc.org
8404 Mary Mundie Lane, Mechanicsville, VA 23111 -804-909-0222 -<https://loveoflearninginc.org>

LOL staff only: date received _____ date entered in database _____ date Welcome Packet sent _____