



## LET'S READ TOGETHER Literacy Initiative

### Application for Participation

Name of Family (parent and/or legal guardian) \_\_\_\_\_

Date: \_\_\_\_\_

Name of children	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teenager applying as reader:

_____	_____	_____
_____	_____	_____

Contact information:

Address:

\_\_\_\_\_

House/Apt      Street                                      City                                      Zip code                                      Minnesota

Email address: \_\_\_\_\_

Phone number (s) \_\_\_\_\_

Preferred method of communication: email \_\_\_\_\_ Phone \_\_\_\_\_ Text \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_