



Date Received (For library use) \_\_\_\_\_

# FUN with ABCs! – 2026 Application Form

Child's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

Phone Number (Home or Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child's Library Card Number: PATR \_\_\_\_\_

\*Please note that your child must have a SF Library Card in order to participate in the program\*

Please indicate your preference for the tutoring session dates and time slots by placing a 1 beside your first choice, a 2 beside your second choice and so on. Please rank the sessions in order of preference. If a session or time slot does not suit your family's schedule, please leave it blank.

**Session 1**

Monday: July 6, 13, 20, 27

**OR**

**Session 2**

Friday: July 10, 17, 24, 31

Rank	Time Slots for Sessions 1 & 2
	10:15 am – 11:00 am
	11:15 am – 12:00 noon
	1:15 pm - 2:00 pm
	2:15 pm – 3:00 pm

**OR**

**Session 3**

Thursday: July 9, 16, 23, 30

Rank	Time Slots for Sessions 3
	4:45 pm – 5:30 pm
	5:45 pm – 6:30 pm

**Session 4**

Mon., Aug. 17 to Thurs., Aug. 20 [4 days]

Rank	Time Slots for Sessions 3
	1:15 pm - 2:00 pm
	2:15 pm – 3:00 pm

Parents/guardians will receive notification about the status of their application, including session date and time slot. If we're unable to accommodate your selection, we will put you on our waiting list. Please return forms to the library as soon as possible. \*Please note that completion of an application does not guarantee a space in the program. Acceptance is based on our discretion and is subject to your child's needs and our ability to serve them.

To be considered for this program please sign and date that you agree to the following statement. **I commit to bringing my child to all 4 days of the session.**

Name: \_\_\_\_\_

(Please Print)

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