



NNLC Family Reading Program Intake Form

Date of Application: _____

Full Name: _____

Position/Grade: _____

Name of Organization/School: _____

_____ Email: _____

_____ Cell: _____

Children's Grade Level (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> 2 nd grade |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 3 rd grade |
| <input type="checkbox"/> 1 st grade | <input type="checkbox"/> 4 th grade |
| | <input type="checkbox"/> School Event |

Preferred day and time to visit once a month (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Monday Mornings | <input type="checkbox"/> Wednesday Mornings |
| <input type="checkbox"/> Monday Evenings | <input type="checkbox"/> Wednesday Evenings |
| <input type="checkbox"/> Tuesday Mornings | <input type="checkbox"/> Thursday Mornings |
| <input type="checkbox"/> Tuesday Evenings | <input type="checkbox"/> Thursday Evenings |
| | <input type="checkbox"/> Friday Mornings |

Questions:

How Did You Hear About Us?

- | | |
|--|--|
| <input type="checkbox"/> School or Teacher Recommendation: _____ | <input type="checkbox"/> Community Event or Fair |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Our Website | |

Thank you for reaching out! Our Family Reading Program Coordinator will process your information and follow up with you shortly.