Oneida Reads Summer Reading Program Enrollment

Child's Name/Nickname _____

Parent/guardian Name _____

Preferred parent/guardian communication method (mark the most preferred method):

- ☐ Phone call (list number to call): _____
- ☐ Text (list number to text): _____
- ☐ E-mail (list email address): _____

Emergency Contact Information:

Name/Relationship to Child: _____

Phone: _____

Select the location(s)/program(s) that you are enrolling your child in:

- ☐ Oneida Recreation County H (Summer Program)
- ☐ Seymour School District Summer School
- ☐ Green Bay Area Public School District Summer School at Jackson Elementary School
- ☐ Oneida Community Locations (1-on-1 30-minute sessions):
  - o Oneida Community Library
  - o Oneida Green Earth Library
  - o Oneida Three Sisters Head Start

School Data Sharing

Our tutors appreciate having access to your child's school district data related to reading assessment scores, IEP status, and recent reading supports provided. We are requesting your permission to get access to this data from your child's school.

- ☐ Yes, I allow the Oneida Reads program/tutors to gain access to the requested school data for my child.
- ☐ No, I do not allow the Oneida Reads program/tutors to gain access to the requested school data for my child.

Please list the school that your child attends currently:

_____

What grade is your child enrolled in as of May 1st, 2026: _____

Please share any educational concerns/reading struggles that you would like the tutors to be aware of:

_____
_____
_____
_____

Oneida Reads T-shirt

Children who enroll in an Oneida Reads Summer Reading Program will be given an Oneida Reads T-shirt. Please select the T-shirt size for your child:

- ☐ Child – Small
- ☐ Child – Medium
- ☐ Child – Large
- ☐ Adult – Small
- ☐ Adult – Medium
- ☐ Adult – Large
- ☐ Adult – Extra Large

Optional Participation in Kids Read Now Pilot (must receive enrollment form prior to May 1st)

Your child has the option to take part in the Kids Read Now (KRN) Pilot Program during the Summer Reading program. Children who participate will receive 9 free grade level appropriate books of their choosing mailed to their home address. Parents/guardians will have the option to utilize the KRN App that includes questions connected to the books your child is reading.

- ☐ No, please do not include my child in this program
- ☐ Yes, please include my child in the Kids Read Now program. Please mail the books to the following address:

Street Address 1: _____

Street Address 2: _____

City: _____

State: _____

Zip: _____