



(name of your school district and/or program)

Family Reading Program with Packets Contract for Participating Parents

Congratulations! Your family has been selected to participate in the Family Reading Program. The following is a brief explanation of the program and a contractual agreement between you (the parent) and the school. This agreement must be completed and signed in order to participate.

The Family Reading Program is a series of story books written for you to use at home. You will be issued a packet for you or your child to transport the program materials to and from school. You and your family will be part of a lending library at this school. The materials will be rotated as follows:

You or your child will be responsible for returning the materials every _____, to room # _____ or _____. The packet will be issued to your child through their classroom every _____.

Your school, _____ has specifically purchased this program for your child's benefit. The materials are the school's and the district's property. By signing this contract you are agreeing to the following:

1. You will read to your child for a minimum of _____ minutes every day and have further discussion about the book as often as possible. The child will also be responsible for completing the activity book included in his packet and reviewing the words to learn in each of the books.

2. You will be responsible for the packet and it's contents. If damage occurs to the packet or materials you may be asked to cover the replacement costs:

Packet alone \$_____ Packet complete with materials \$_____

Each book \$_____ Each CD \$_____ Each Bilingual Bingo \$_____

Other materials _____ \$_____

3. To ensure the success of this program it is very important that you return the backpack on the designated day.

Name of the student(s) participating in the program:

1. Student's name: _____ Grade Level _____ Room# _____ Teacher's Name _____

2. Student's name: _____ Grade Level _____ Room# _____ Teacher's Name _____

3. Student's name: _____ Grade Level _____ Room# _____ Teacher's Name _____

Name of the person responsible for the student(s) _____

Home address _____ Telephone # _____

Signature of parent/guardian _____ Date _____