



## *Chester Library*

### Mentoring Program

### Registration Form

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

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

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

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

Telephone: \_\_\_\_\_ Alt. telephone: \_\_\_\_\_

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

Subject area(s) for mentoring:

\_\_\_\_\_

This program meets on Mondays from:

4:30 – 5:15 pm

PLEASE RETURN THIS FORM AT THE LIBRARY OR BY EMAIL ([maryann.burden@chesterlib.org](mailto:maryann.burden@chesterlib.org)).

*We will contact you by email with the starting date for the program.*