



## Initial Contact Form – Camden Library Service

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

Child's Age: \_\_\_\_\_

Disability: Yes No

Enjoys Reading: Yes No

Reading Issues: \_\_\_\_\_

Reason for accessing Paws'n'Tales program/Goals: \_\_\_\_\_

Preferred days/times: \_\_\_\_\_

Referred to Paws'n'Tales: Yes No

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