

# BIRTHDAY BOOK REQUEST FORM

Please print:

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Birthday \_\_\_\_\_



Learning Center staff will help your child choose a book based on his/her interests, hobbies or favorite authors. Please complete the following information:

1. Types of books child enjoys reading (some examples might be mystery, animal, sports or biographies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Favorite authors: \_\_\_\_\_  
\_\_\_\_\_
3. Hobbies or interests: \_\_\_\_\_  
\_\_\_\_\_

*Please include a check in the amount of **\$15.00** payable to "Meadow View PTO."  
Return this form and your payment to the school in an envelope marked  
"PTO – Birthday Book Program."*

Parent or guardian's name: \_\_\_\_\_

Home phone number: \_\_\_\_\_

***Thank you for your support!***