



[www.fireflykidz.org](http://www.fireflykidz.org)

## Mission Statement

*Fostering a positive approach to literacy is the goal of the Firefly Foundation. This foundation was created to give children from urban areas exposure to quality books and increase their interest in a variety of genres of literature. Firefly Foundation will work collectively with youth organizations, libraries and community centers to develop solid parent and child relationships focused on literacy.*

### Program Details:

Your child will receive one book each year until their 17th birthday.

Along with the book, your child will receive a welcome note, a Book Log to keep track of reading and a stamped self addressed envelope to use when returning the completed Book Log to Firefly Foundation.

We suggest keeping the Book Log on the refrigerator as a reminder to keep reading. When the Book Log is completed return it to the Foundation so that your child can receive a **bonus book** to encourage good reading habits.

To register your child to be a “Firefly Kid” and to make it a rewarding experience, there are a few guidelines to follow:

- ✓ Complete all the information on the attached sheet.
- ✓ Encourage reading time each day.
- ✓ Return the Book Log when completed.
- ✓ Keep the foundation updated with all address changes.

Our address: **Firefly Foundation P.O. Box 121 Florham Park, NJ 07932**

Our email address: [dana@fireflykidz.org](mailto:dana@fireflykidz.org)

## Firefly Kid – Parent/Guardian Application

(Please Print)

Child's Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(mm/dd/yy)

Phone: \_\_\_\_\_ School: \_\_\_\_\_

How did you hear about the Firefly Foundation? \_\_\_\_\_

Check One Box:  Send newsletter to my e-mail address.  Mail newsletter to my home address

Does your child qualify for your school's free or reduced lunch program?:  Yes  No

My child likes to read/to listen to (Circle Two):

Poetry Fiction Non-Fiction Realistic Fiction Biography Magazines Newspaper Other: \_\_\_\_\_

How often does your child read each day (check one box):

15 minutes  30 minutes  45 minutes  60 minutes

How often do you read aloud to your child/does your child read aloud to you (check one box):

Daily  Weekly  Monthly  Never

Parent's Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

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