



**CITY OF ROSWELL  
READ TOGETHER... WHILE APART  
PROGRAM APPLICATION**

I would like my child to participate in the Read Together Read Apart Program. I agree to complete an evaluation of the project with my child and submit it to the Roswell Public Library.

Name of Child: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Relationship Child: \_\_\_\_\_

Print Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Name of Adult Reading with Child: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature of Adult team member: \_\_\_\_\_

**RETURN TO: ROSWELL PUBLIC LIBRARY  
301 N. PENNSYLVANIA AVE  
ROSWELL, NM 88201**

Please contact Enid Costley at [e.costley@roswell-nm.gov](mailto:e.costley@roswell-nm.gov) or at (575) 622-7101 for more information.