

Child Enrollment Form for Lemonade Bookstand
Year: 2020, bundles will be delivered four times a year



Thank you for registering your child for the Lemonade Bookstand Program. Any child age 0 to 18 who has a learning disability, mental or emotional disability, or physical disability, is eligible to apply to be in the program. We will provide our children with LBS Bundles, which will be delivered to your home free of charge and will include books, bibliotherapeutic supplies, journaling/writing supplies, comfort items, and more. We believe at Lemonade Bookstand, that children with mental or physical disabilities are most in need to have an at-home library that is stocked with high-interest fiction and nonfiction books to keep their enjoyment of reading alive. Infants and toddlers also need to have a supply of early literacy materials at their disposal. See more on our mission and vision at lemonadebookstand.org.

Please fill out the following application and email it to: lemonadebookstand@gmail.com. If you prefer to mail your application the address is: #244, 1147 S. Salisbury Blvd, Suite 8, Salisbury, MD 21801.

The deadline for 2020 to register is March 25th, 2020. In order to be considered your application must either be signed by a healthcare provider (either your primary care provider, mental health care provider, or other specialists including school specialist) or you can have them write a letter of reference; however, this is not required. Families will be notified if they have been accepted by the email provided on the application and by postal mail. No other actions are necessary on your part.

APPLICATION FOR LBS 2020

Parent/Guardian/or Main point of contact for child	
Phone/Email for above	
Name of child	
Mailing Address	
Age, grade, and school or daycare of child	
Diagnosis of physical, mental, or emotional illness	
How long has your child had this diagnosis?	
Has your child struggled academically? If so how?	
Has your child struggled socially? If so how?	
What has been the biggest obstacle with your child's diagnosis?	
What do you hope LBS can do to benefit your child?	
Household size and	

average income (estimate is acceptable)	
Areas of special interest for your child	
Do you know your child's reading level? (Estimate if not exact)	
Any home situations to consider when choosing book topics (ie divorce, death in the family, etc)	
Any additional information for us to consider? (If you have tried alternative therapies in the past please mention them here if you haven't yet). You may attach another document if you run out of space.	

Parent/Guardian Signature_____

Print name _____

Date _____

(If you have a letter of reference from provider then they do not need to sign this form separately)

Healthcare Specialist Signature_____

Print name _____

Date _____

*Please note that information on this form will be reviewed by our Board of Directors for the purposes of program based decision making. No personal information will be shared or stored outside of the program.