



**PARTICIPATION IN THE  
BUILDING BLOCKS FAMILY LITERACY PROGRAM (1-B)**

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[www.litforlife.com](http://www.litforlife.com)

Family Name: \_\_\_\_\_

This form indicates that the Building Blocks Coordinator has given you information about the Building Blocks program.

**I am aware that:**

The Family Literacy Builder will visit my home for eleven one-hour sessions. The visits should be completed in approximately an 11 week time period.

- ❖ After completion of the sessions, the Builder, in consultation with the parent, child and coordinator, may schedule further sessions prior to the follow-up visit.
- ❖ With Coordinator approval, sessions can be deferred to another time if outside factors make family unable to complete the program.
- ❖ Follow up visits will occur for up to 6 months.

My participation in this program is voluntary and I can withdraw from the program at any time. The Builder and Coordinator can also decide to defer the program if there is just reason.

**The Builder could work with me on any of the following (examples):**

- ❖ Learning activities and games I can do with my child.
- ❖ Ideas about how I can help my preschooler and school age child with their learning development.
- ❖ Learning and reading styles.
- ❖ Choosing good fit books for my child.

A parent or designated adult needs to be involved and take part in all the visits with the Builder for a minimum of 1 hour per week.

Our family is responsible for contacting the Literacy Builder if we are not able to meet as planned. Alternately if the Builder cannot be reached we will contact the Literacy for Life office at 403 652 5090

Any information about our family is confidential and will not be given to any person of agency, unless required by law.

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I understand the above and would like to participate in the Building Blocks Program.

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

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