



# Early Literacy Reading Device

Education and Language Department

## PARENT/GUARDIAN INFORMATION

Full Name:

Address:

City:  State/Province:

Zip/Postal Code:

Phone Number:  Email Address:

### CHILDREN AGES 3-6 YEARS OLD

Name:  Age:

Circle one: Tribal Stepchild Adopted

Device Type - Circle One:  
Fire 7 Tablet LeapFrog LeapPad Academy

Name:  Age:

Circle one: Tribal Stepchild Adopted

Device Type - Circle One:  
Fire 7 Tablet LeapFrog LeapPad Academy

### CHILDREN AGES 7-10 YEARS OLD

Name:  Age:

Circle one: Tribal Stepchild Adopted

Device Type - Circle One:  
Fire 10: Blue Green Kindle: Unicorn Whale Ocean

Name:  Age:

Circle one: Tribal Stepchild Adopted

Device Type - Circle One:  
Fire 10: Blue Green Kindle: Unicorn Whale Ocean

Parent Signature: