



2011-2012 APPLICATION

TO BECOME A LITERACY BUDDY

NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____

E-MAIL _____

Alternative Address: _____

Dates alternative address in use: _____

By filling out this application, I agree to receive letters from a child in an early learning facility served by the Early Learning Coalition. I will in turn send a letter and a high quality book to this child in response to the child's letter. This exchange may take place several times over the course of the year—from mid-fall to spring. In the letter that I receive, the child will either indicate a specific book or a type of book that he or she would like to receive. *NOTE: Correspondence will include the child's first name only and be addressed through the classroom teacher.*

SIGNED: _____

DATE: _____

Return to: Early Learning Coalition *Literacy Buddy Project*
The Early Learning Coalition of Southwest Florida
5256 Summerlin Commons Way, Suite 201
Fort Myers, Florida 33907

OR fax to 239-267-4109

OR e-mail to LiteracyBuddies@elcofswfl.org

For more information call 239-210-6886 or go to
www.elcofswfl.org

