

1) Facility Name:

Application Form For Literacy Buddy Program 2019-2020

Please print or type the following.

2)	Address:			City:	Zip:							
3)	Facility Phone number : Director name:											
4)	Director – Direct Ema	<u>uil</u> :										
5)	Literacy Buddy Contact Person- (Teacher/Director):											
6)	Literacy Buddy Contact Person Phone number:											
7)	Literacy Buddy Contact Person E mail:											
	letter from tha underneath in Signature of Teacher	*** IMPORTANT NOTE: For each child on this list requesting a buddy etter from that child either self-written or written with scribing underneath in the child's own words must be attached. ignature of Teacher: Date: Date:										
Buddy#	Child First Name	Last Initial A	ige M	<u>/ F</u>	Interest	Notes						

Buddy#	Child First Name	Last Initial	Age	M/F	Interest	Notes

Return to: Early Learning Coalition of SWFL / Literacy Buddy Program 2675 Winkler Ave., Suite 300 Ft. Myers, FL 33901 Or by email: <u>Barbara.rodriguez@elcofswfl.org</u>

Please attach the letters from the children with all of your information