

1) Facility Name:

## Application Form For Literacy Buddy Program 2018-2019

## Please print or type the following.

2)	Address:			Ci	ty:	Zip:	_				
3)	Facility Phone number	r:		Diı	rector name:						
4)	<u>Director – Direct Ema</u>	<u>il</u> :									
5)	Literacy Buddy Contact Person- (Teacher/Director):										
6)	Literacy Buddy Conta	cy Buddy Contact Person Phone number:									
7)	Literacy Buddy Conta	addy Contact Person E mail:									
	*** IMPORTANT NOTE: For each child on this list requesting a buddy, a letter from that child either self-written or written with scribing underneath in the child's own words must be attached.  Signature of Teacher: Date:										
Buddy#	Child First Name	Last Initial A	Age.	M/F	Inter	est	Notes				
			-8-				3.0332				
				1							

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