)



## Application Form For Literacy Buddy Program 2020-2021

## Please print or type the following.

1)	Facility Name:									
2)	Address:	City:	Zip:							
3)	Facility Phone number :	Director name:								
4)	<u>Director – Direct Email</u> :									
5)	Literacy Buddy Contact Person- (Teacher/Director):									
6)	Literacy Buddy Contact Person Phone number:									
7)	Literacy Buddy 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:							
	Signature of Director:		Date:							

Buddy#	Child First Name	Last Initial	Age	M/F	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>Tallica.Tidwell@elcofswfl.org</u>

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