

2023-2024 Application Form For Literacy Buddy Program

Please print or type the following.

	1)	Facility Name:						
	2)	Address:			City:	Zip:	_	
	3)	Facility Phone num	ıber :		Director name:			
	4)	Director – Direct E	mail:					
	5)	Literacy Buddy Co	ntact Person- (T	Teacher/Dire	ctor):			
	6)	Literacy Buddy Co	ontact Person Pho	one number:				
	7)	Literacy Buddy Co	ntact Person E r	nail:				
		or written with scrib ****Each classroom We have read the ab	bing underneath n/Teacher should bove agreement a	in the child's have a separ and understa	equesting a buddy, a lett s own words must be att rate application. nd what is requested of rly Learning Coalition F	ached. us our students to be inv		
		-						
Buddy#		Signature of Direc	ctor:			Date:		
Buddy#		-				Date:		
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Return to: Early Learning Coalition of SWFL / Literacy Buddy Program 2675 Winkler Ave. Suite 300 Ft. Myers, FL 33901

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