



APPLICATION FORM
FOR *LITERACY BUDDY PROGRAM*

(Deadline 11/1/09)

Please print or type the following information

Facility Name:			
Address:	City:	State:	Zip:
Telephone Number:		E-Mail:	
Contact Person:		Classroom Teacher:	

Number of *Buddies* Requested in this Packet: _____

*****Important Note:** For each child requesting a buddy, a note from that child – either self-written or written with scribing underneath in the child's own words must be attached.

I have read the above agreement and understand what is requested of me for my students to be involved in this project. If I have any problems, I will let the Early Learning Coalition know immediately.	
_____	_____
Signature of facility representative	Date

Child's First Name & First Initial of Last Name	Child's Age	Child's Sex

Return to: Early Learning Coalition *Literacy Buddies Project*
 The Early Learning Coalition of Southwest Florida
 5256 Summerlin Commons Way, Suite 201
 Fort Myers, FL 33907
 OR FAX TO: 239-267-4109
 E-MAIL: jill.corbett@elcofswfl.org



