

LITERACY BUDDY PROJECT APPLICATION



Name _____

Street _____

City _____ State _____ Zip code _____

Telephone # _____ Business/Organization _____

E-mail _____

How did you hear about the Literacy Buddy Project? _____

Would you like more information on how you can help in our office with mailings? _____yes_____no

Would you like more than one Literacy Buddy? _____yes_____no If yes, how many? _____

By completing this application, I agree to receive letters from a child in an early learning facility served by the Early Learning Coalition of Sarasota County. I will in turn send a letter and a high quality book to this child in response to the child's letter. This exchange will take place three times over the course of the year. In the letter that I receive, the child will either indicate a specific book or a type of book that he or she would like to receive. An orientation session is available.

NOTE: Correspondence will include the child's first name only and be addressed through the classroom teacher.

SIGNED: _____

DATE: _____

Return to: *Literacy Buddy Project*
Early Learning Coalition of Sarasota County
1750 17th Street, Building L
Sarasota, Florida 34234
OR fax to 941.954.4831
OR e-mail mail@earlylearningcoalitionsarasota.org
For more information call 941.954.4830 ext 225

