



1940 Traylor Blvd. Orlando, FL 32804
Phone: 407-841-6607 – Fax: 407-749-0282
www.elcoc.org

Book Buddies Application

Name: _____
(First) (Middle) (Last)

Address: _____

(City) (State) (Zip)

Phone: (Cell): _____ (Home): _____

Email: _____

Employer/School/Organization: _____

Book Buddy (Check one):

Individual Family

Preferred method of communication (Check one):

Text Phone Email

By completing this application completing this application

- I will participate in the online orientation session required for all book buddies participants. A face to face orientation can be recommended by book buddies participants or if deemed necessary by the ELCOC.
- I agree to receive letters from a child in an early learning program served by the Early Learning Coalition of Orange County. In the letter that I receive, the child may indicate a specific book or type of book that he or she would like to receive.
- I will in turn send a letter and a **high quality book** to this child in response to the child's letter.
- I will complete this exchange three times over the course of a year.
- I will adhere to the ELCOC policies that **all correspondence will be through the Early Learning Coalition** and will include the child's first name only.

Signed: _____

Date: _____

Return to: Book Buddies
Early Learning Coalition of Orange County
Attention: Jerry Brady
P.O. Box 540387, Orlando, FL 32854
I Phone: 407-377-1224 | Email: jbrady@elcoc.org