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www.elcoc.org

Book Buddy Application Fall 2018

Name: (First)			
			(Last)
Address:			
(City)		(State)	(Zip)
Phone: (Cell):	((Home):	
Email:			
Employer/School/Organizatio	n:		
Book Buddy (Check one):			
□ Individual		Family	
Preferred method of commun _	· · · · · · · · · · · · · · · · · · ·		
□ Text		Phone	
By completing this application	on completing this ar	oplication	
			ested for all book buddies nended by book buddies
participants or if dee			
			ing program served by the Early Learning
type of book that he			e, the child may indicate a specific book or
 I will in turn send a let 	etter and a <u>high qual</u>	<u>ity book</u> to thi	is child in response to the child's letter.
I will complete this e			
	lude the child's first	name only. T	dence will be through the Early Learning he adult buddy will be identified as
Sign:			
Date:			
		o: Book Buddi	
	Early Learning Co Attentic	on: Jerry Brad	
7700 Southland Blvd Su			ne: 407-506-4806 Fax: 407-749-0282

Email: jbrady@elcoc.org