



STORYTIME EXPRESS: LITERACY KITS FOR EARLY EDUCATION

2455 NW 183 Street, Miami, FL 33056-3641

Voice: (305) 375-4116

E-mail: storytimeexpress@mdpls.org

www.mdpls.org

Complete application and mail to Storytime Express • Please print or type

Facility Profile

Type: [ ] Child Care [ ] Preschool [ ] Kindergarten [ ] Homeschool Organization [ ] Parent

License Number \_\_\_\_\_

Facility/Organization/Parent Name \_\_\_\_\_

Facility Administrator \_\_\_\_\_ Phone No. \_\_\_\_\_

Administrator/Parent E-mail\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Phone No. \_\_\_\_\_

Total number of children who will be served \_\_\_\_\_

Most convenient Branch Library for Storytime Express kit exchange \_\_\_\_\_

As administrator/parent, I understand that this facility/organization assumes financial responsibility for the materials we borrow, and for making sure the materials are returned to the Miami-Dade Public Library System.

Please verify that all parts of the kit are returned by using the checklist included in the kit and complete the kit evaluation form prior to returning.

Administrator's/Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Person's Signature \_\_\_\_\_

Date \_\_\_\_\_

\* By providing my email address, I agree to be notified about Library information and give permission for the Library and /or the Friends of the Miami-Dade Public Library, Inc, to use this address to keep me up-to-date about Library events and services. Addresses will not be sold or made available to anyone outside of the Library.

