



STORYTIME EXPRESS: LITERACY KITS FOR EARLY EDUCATION

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E-mail: storytimeexpress@mdpls.org

www.mdpls.org

Complete application and fax or 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. _____ Fax 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.*