



EVERY CHILD A READER



Child care facility name: _____

Location of facility: _____

Contact person: _____

Contact phone number: _____

Contact email address: _____

of 3 year old classrooms: _____

of children in **each** of these classrooms: _____

Start time for **each** of these classrooms: _____

of 4 year old classrooms: _____

of children in **each** of these classrooms: _____

Start time for **each** of these classrooms: _____

of 5 year old classrooms: _____

of children in **each** of these classrooms: _____

Start time for **each** of these classrooms: _____

of VPK classrooms: _____

of children in **each** of these classrooms: _____

Start time for **each** of these classrooms: _____

Please return this form to **Tina Trivers** at the ELC by **February 10th**

Fax: (941) 757-2917

Email: ttrivers@elc-manatee.org

Mail: 3526 9th St. W., Ste. 200
Bradenton, FL 34205

Phone: (941) 757-2900 x 243

