
Complete application and fax or mail to Jump Start • Please print or type

Facility/Organization _____

Facility Administrator _____ Phone No. _____

Administrator E-mail* _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Job Title _____

Best time to call _____ Phone No. _____

Fax No. _____ E-mail* _____

Facility Profile

Type: Daycare Preschool Kindergarten Homeschool

Total number of children who will be served _____

Most convenient Branch Library for Jump Start kit exchange _____

As administrator, 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 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.*