2020 Hartford Public Library Summer Reading Program Registration

Child's Name:	Age:				
Address:	Phone#:				
City:	Zip:				
School:	Grade:				
Check Box Below					
I am an "Independent Reader".	☐I am a "Read to Me Reader".				

This part of form is for <u>LIBRARY STAFF ONLY</u>.

DATE	# PAGES	# BOOK BUCKS	# OF BOOKS	Other /# Logs	DATE	# PAGES	# OF BOOK BUCKS	# BOOKS	Other/ # Logs
June 9					June 29				
June 10					June 30				
June 11					July 1				
June 12					July 2				
June 15					July 3				
June 16					July 6				
June 17					July 7				
June 18					July 8				
June 19					July 9				
June 22					July 10				
June 23					July 13				
June 24					July 14				
June 25					July 15				
June 26					July 16				
					July 17				
TOTAL •									