

2021 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 **LIBRARY STAFF ONLY.**

DATE	# PAGES	# OF BOOKS	Other/# Logs	DATE	# PAGES	# OF BOOKS	Other/# Logs
TOTAL ➡							