2023 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	# BOOK BUCKS	Other
June 27			
June 28			
June 29			
July 5			
July 6			
July 11			
July 12			
July 13			
July 18			
July 19			
July 20			
July 25			
July 26			
July 27			
Aug. 1			
Aug. 2			
TOTAL ➡			

Notes: _____