EARLY READERS SUMMER PROGRAM

Readers name_____ **Birthdate/Age**_____

Parent's name_____ **Phone #**_____

Address_____

Week #____ **Date**_____ **(Monday through Sunday)**

BOOK TITLE	AUTHOR

BOOK TITLE	AUTHOR

The books listed have been read by the said child, or they have been read to them by me.

Name_____ **Date**_____