



Child's Name: \_\_\_\_\_ Classroom \_\_\_\_\_

List books read in each column	List books read in each column
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
Signature: _____	Signature: _____
Date: _____	Date: _____
Total: 1 hour inkind	Total: 1 hour inkind

By typing your name above and checking this box you are certifying that you participated.

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