



SUMMER 2022!

Registration Form

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Adult's First Name:

Adult's Last Name:

Child's First Name:

Child's Last Name:

Email:

Zip Code:

Phone:

Age:

Grade Level After Summer:

Name of School You Attend:

Primary Branch:



SUMMER 2022!

Registration Form

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Adult's First Name:

Adult's Last Name:

Child's First Name:

Child's Last Name:

Email:

Zip Code:

Phone:

Age:

Grade Level After Summer:

Name of School You Attend:

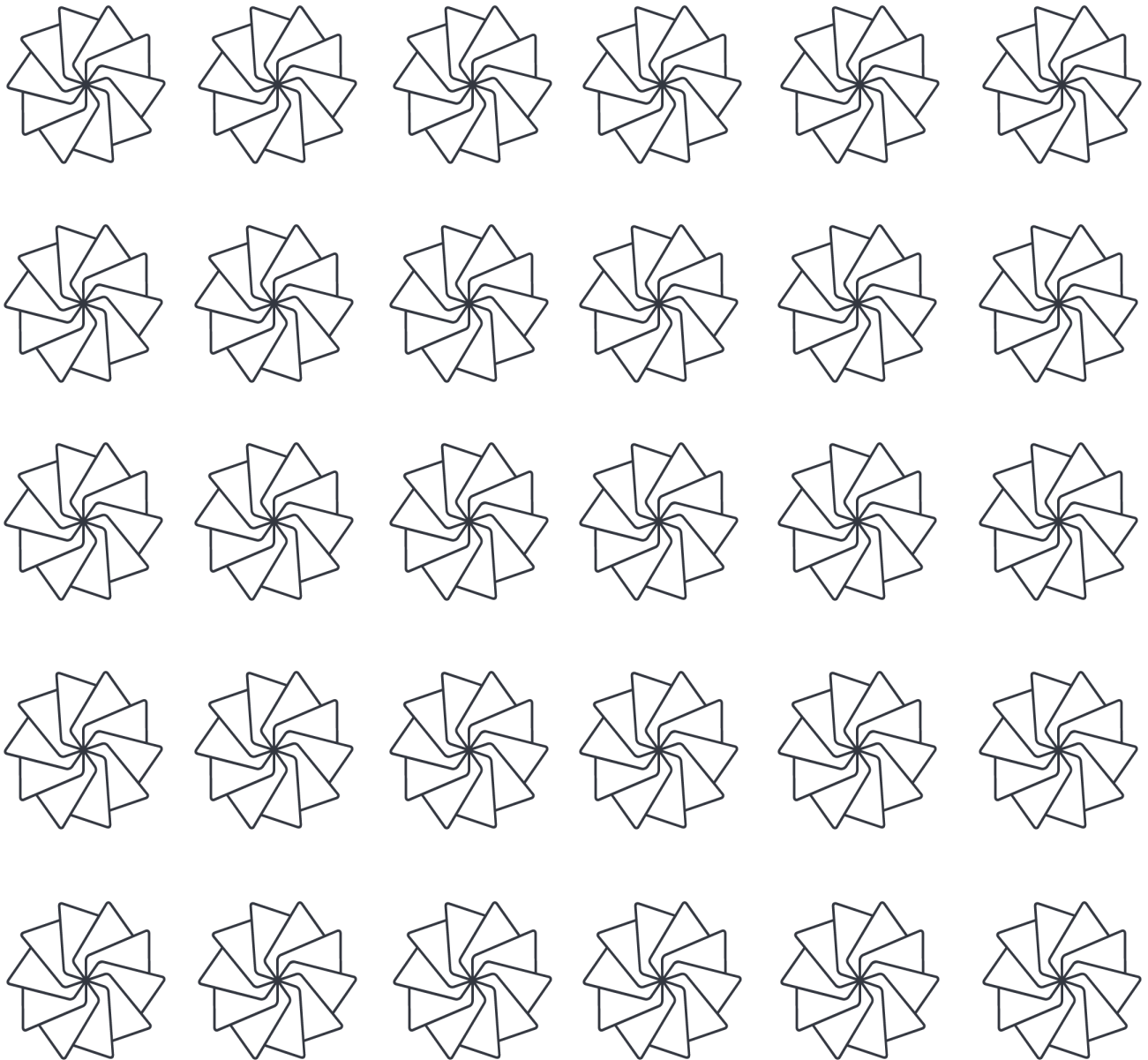
Primary Branch:

Name _____

Date _____

MPRL READING LOG

Color 1 pinwheel for every 20 minutes of reading this month.



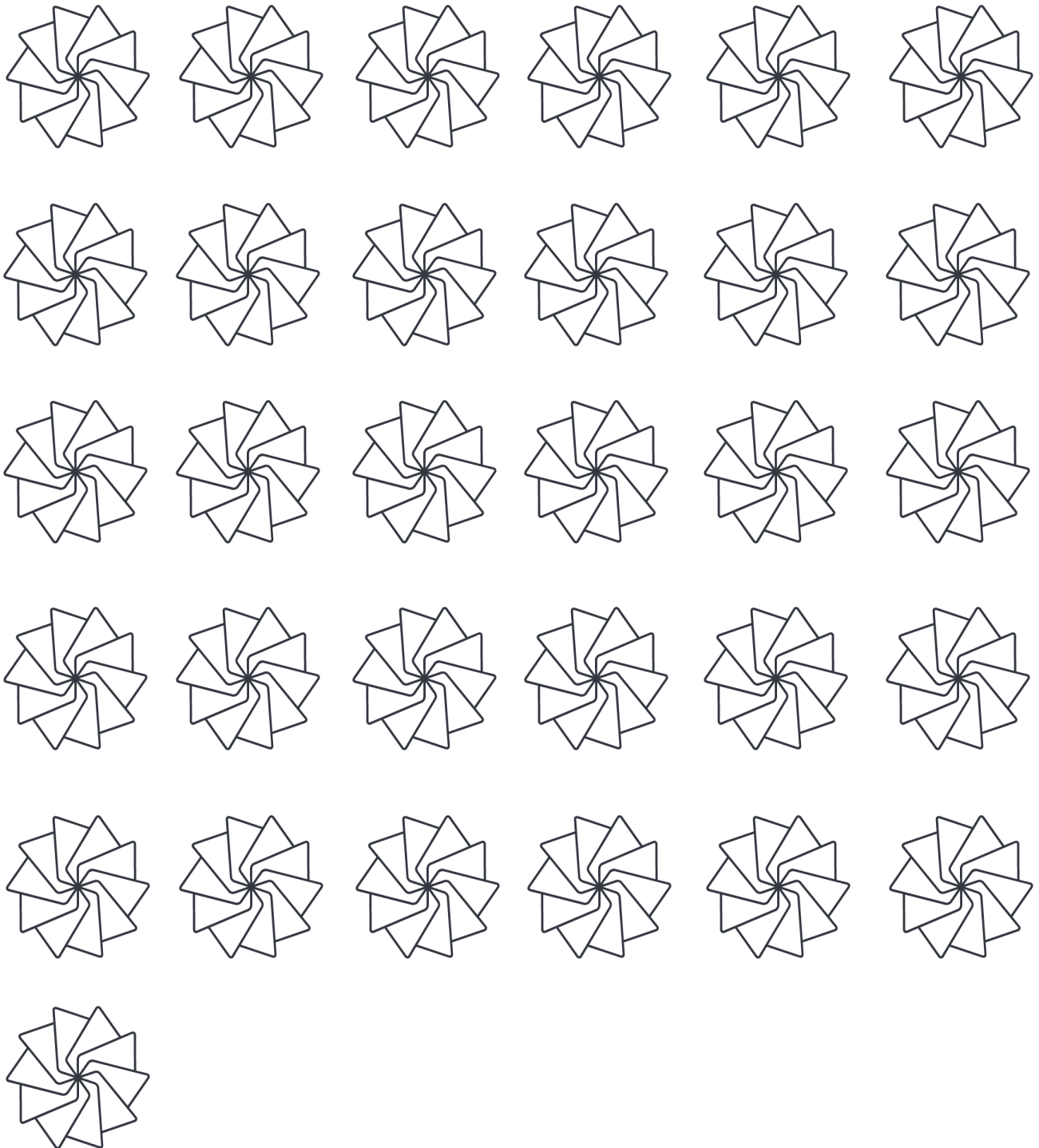
Guardian Signature _____

Name _____

Date _____

MPRL READING LOG

Color 1 pinwheel for every 20 minutes of reading this month.



Guardian Signature _____



SUMMER 2022!

READING TRACKER

WEEK OF	S	M	T	W	T	F	S
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KEY PAGES

 I DIDN'T READ

 I READ

 I FINISHED A BOOK!

