



# Raising Reader's Together Program

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Books I read with my child.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<div style="border: 2px solid black; padding: 10px; text-align: center;"> <p><b>Reading is to the mind what exercise is to the body.</b></p> <p><b>~ Joseph Addison ~</b></p> </div>					1 _____ #Books  _____ Minutes	2 _____ #Books  _____ Minutes
					3 _____ #Books  _____ Minutes	4 _____ #Books  _____ Minutes
10 _____ #Books  _____ Minutes	11 _____ #Books  _____ Minutes	12 _____ #Books  _____ Minutes	13 _____ #Books  _____ Minutes	14 _____ #Books  _____ Minutes	15 _____ #Books  _____ Minutes	16 _____ #Books  _____ Minutes
17 _____ #Books  _____ Minutes	18 _____ #Books  _____ Minutes	19 _____ #Books  _____ Minutes	20 _____ #Books  _____ Minutes	21 _____ #Books  _____ Minutes	22 _____ #Books  _____ Minutes	23 _____ #Books  _____ Minutes
24 _____ #Books  _____ Minutes	25 _____ #Books  _____ Minutes	26 _____ #Books  _____ Minutes	27 _____ #Books  _____ Minutes	28 _____ #Books  _____ Minutes	29 _____ #Books  _____ Minutes	30 _____ #Books  _____ Minutes
31 _____ #Books  _____ Minutes						

Write the number of books and the amount of time spent reading with your child each day. When you have reached 100 minutes, mail in the completed forms and receive a Raising Reader's DVD and a small gift.

New Jersey Network / RTLL  
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