



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: 1px solid black; padding: 5px;"> <p>Good children's literature appeals not only to the child in the adult, but to the adult in the child. ~ Anonymous ~</p> </div>		1 _____ #Books _____ Minutes	2 _____ #Books _____ Minutes	3 _____ #Books _____ Minutes	4 Independence Day  _____ Minutes	5 _____ #Books _____ Minutes
		6 _____ #Books _____ Minutes	7 _____ #Books _____ Minutes	8 _____ #Books _____ Minutes	9 _____ #Books _____ Minutes	10 _____ #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
25 South Stockton Street
Trenton, NJ 08608
Attn: Trina Pryor