WILMINGTON LIBRARY SUMMER READING REGISTRATION

Name of Child: _____

Name of Parent/Guardian: _____

Address: _____

_____

Parent's Email: _____

Phone: _____

Age: _____   Grade in September: _____

School: _____

☐ Family Reader (Not yet an independent reader)
☐ Independent Reader
☐ Middle School

Keep track of minutes read with the tracking sheet provided (more available on request).
Prizes are earned for every 100 minutes read.
The top two readers earn Amazon gift cards.

Total minutes read: _____

Library use only