

1000 Books Before Kindergarten

Registration Form

Child's Name:

1. _____ AGE: _____

2. _____ AGE: _____

3. _____ AGE: _____

4. _____ AGE: _____

5. _____ AGE: _____

Home Branch:

GL

MB

ON

PO

RC

Library Card Number (Parent or Child): _____

Phone Number: _____

Signature (parent/Guardian) Name: _____

Date: _____



PRESQUE ISLE DISTRICT LIBRARY

Fill in a bubble for **EVERY** book read. Once you finish a page you can return it to the circulation desk for a small reward. Don't forget to move your monster along on our 1000 Books Before Kindergarten board!

<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"/>
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I'm a reading monster and finished 100 books!