


























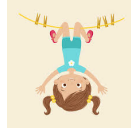


Child's Name: _____

I LOVE TO READ MONTH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31 Put an X over the activity once you have completed it	1 Read a book with mittens on 	2 Read a book in your pajamas 	3 Read a book to a stuffed animal 	4 Read a book and eat popcorn 	5 Visit the Library 
6 Read a book in an empty bathtub 	7 Read a book with sunglasses on 	8 Read a book with your shirt on backwards 	9 Read a book about animals 	10 Read a funny book 	11 Read your favorite book 	12 Read a book at the table 
13 Read a book with red on the cover 	14 Read a Valentines Day book 	15 Read in the dark with a flashlight 	16 Read to a brother/sister 	17 Read a book backwards 	18 Read the back of a cereal box 	19 Read the newspaper 
20 Read a book with a hat on 	21 Read a book about opposites 	22 Read a "Touch & Feel" book TOUCH 	23 Read an "I Spy" book 	24 Read a book on your bed 	25 Read a book on someones lap 	26 Make up your own story and tell it to someone 
27 Build a fort and read a 	28 Read a book 	I LOVE TO READ!				

Parents Signature: _____