

# GOODRIDGE SUMMER READ PROGRAM

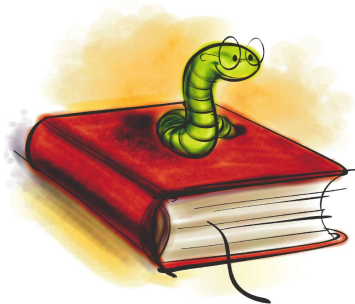
**Keep your child's reading skills on target by signing up for the Summer Read Program. It is a proven fact that kids, who read 20 minutes a day, 5 days a week, over the summer, maintain reading skills and fluency.**

The summer read program consist of:

- \*Picking a reading partner. (Someone who will support and encourage your child to read during the summer.)
- \*Reading for 20 minutes, 5 days a week.
- \*Recording time read on calendars for 3 months.
- \*Turning completed, signed calendars in at; Summer Read Events, email or text, or turn into Mrs. Sundberg at the school.
- \*Attend FUN, Summer Read Events. (6 Total, 2 a month)
  - \*Fun Summer Read Events will be planned before or after, swimming lessons and school activities scheduled for the summer as often as possible. **Open to everyone. Spread the word.**

## WHY SHOULD I SIGN UP AND READ THIS SUMMER?

- \*Find FUN ways to ENJOY and LOVE READING!!
- \*Maintain READING SKILLS for the fall!
- \*Free books!
- \*Prizes!
- \*SUMMER FUN WITH FRIENDS!
- \*FREE
- \*SPECIAL REWARD FOR COMPLETING ALL 3 MONTHS.



More information/calendars will be emailed out (once a month) about Summer Read Events to all who enroll. **Any questions please contact Mrs. Sundberg at 378-4134 or email me at, [ruby.sundberg@goodridgeisd561.org](mailto:ruby.sundberg@goodridgeisd561.org)**

Please enroll your child in the SUMMER READ PROGRAM, by filling out the attached form and returning it to school by Wednesday, May 24. Program is open to pre-school and up. (No one will be turned down, no matter what their age, parents, siblings, and reading partners included)

Mrs. Sundberg

SUMMER READ PROGRAM  
PLEASE FILL OUT AND RETURN BEFORE SCHOOL IS OUT!  
YOU MAY ADD MORE THAN 1 CHILD ON THIS FORM.

My child(ren) \_\_\_\_\_  
would like to participate in the Summer Read Program.

My child(ren) will be in grade(s) \_\_\_\_\_ this fall. (2017-2018)

Parent email address is \_\_\_\_\_

(Please print neatly)

Email will be used to notify you of dates and times of the Summer Read Events.  
**Summer calendars will be sent home with your child and/or emailed to you.**  
If you do not have an email address, please let me know how you want to be contacted. \_\_\_\_\_

My child's reading partner is \_\_\_\_\_

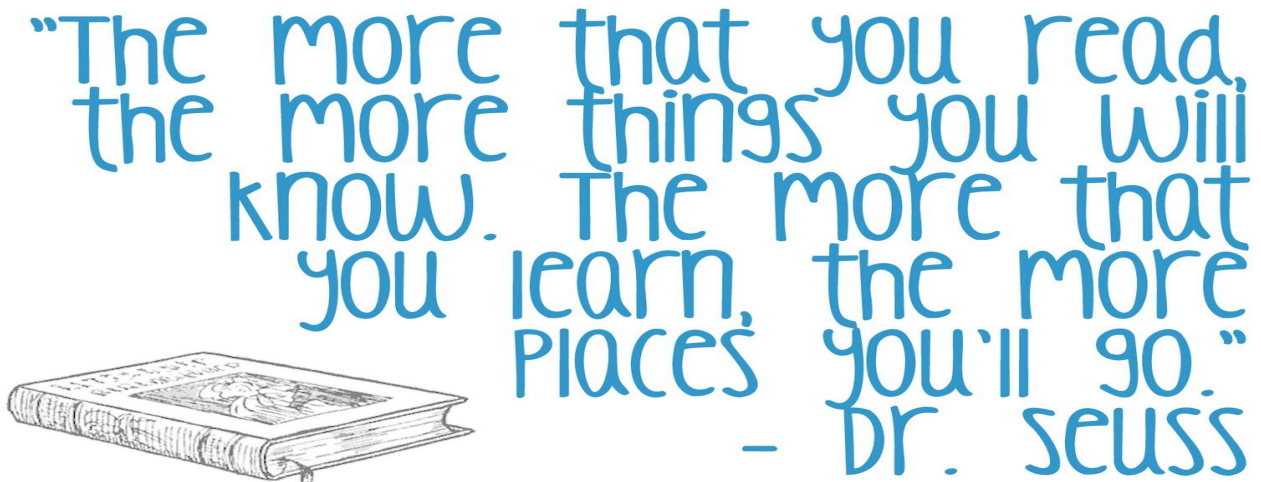
\_\_\_\_\_  
(Reading partner can be a parent, grandparent, sibling, neighbor, or friend.)

Phone number they can be reached at \_\_\_\_\_ or  
their email if different from above. \_\_\_\_\_

(Please print neatly) (This is not required)

I am excited to help my child maintain reading skills for the fall.

Parent's Signature \_\_\_\_\_



**[SUMMER READ PROGRAM]**

(ruby.sundberg@goodridgeisd561.org)

# JUNE 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>READ 20 MINUTES FOR 5 DAYS A WEEK.</b>	<b>RECORD MINUTES READ EACH DAY ON THIS CALENDAR.</b>	<b>SIGN AND SAVE TILL YOU TURN THIS CALENDAR IN!!</b>		<b>1</b>	<b>2</b>	<b>3</b>
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>
<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	
		<b>Notes:</b> <b>My child has read for the recorded time as marked on this calendar.</b> <b>Student's Signature:</b> <b>Parent's/Reading Partner Signature:</b>				

**[SUMMER READ PROGRAM]**

(ruby.sundberg@goodridgeisd561.org)

# JULY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
READ 20 MINUTES FOR 5 DAYS A WEEK	RECORD MINUTES READ EACH DAY ON THIS CALENDAR.	SIGN AND SAVE TILL YOU TURN THIS CALENDAR IN!!				1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	<b>Notes:</b> <b>My child has read for the recorded time as marked on this calendar.</b> <b>Student's Signature:</b> <b>Parent/Reading Partner Signature:</b>				

# [SUMMER READ PROGRAM]

(ruby.sundberg@goodridgeisd561.org)

# AUGUST 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 READ 20 MINUTES FOR 5 DAYS A WEEK.	2 RECORD MINUTES READ EACH DAY ON THIS CALENDAR	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
SIGN AND SAVE TILL YOU TURN THIS CALENDAR IN!!		Notes: My child has read for the recorded time as marked on this calendar. Student's Signature: Parent's Signature:				